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1921-1938**

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Making Birth Control Respectable: The Society for Constructive Birth Control and Racial Progress, and the American Birth Control League, in comparative perspective, 1921-1938

Caroline Elizabeth Louise Walker

A dissertation submitted to the University of Bristol in accordance with the requirements of the degree of Doctor of Philosophy in the Faculty of Arts

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Making Birth Control Respectable: The Society for Constructive Birth Control & Racial Progress, and the American Birth Control League, in comparative perspective, 1921-1938

In both Britain and the United States, the interwar years witnessed the formation of a new organized movement for birth control; in both contexts, sharing a commitment to extend the provision of clinical contraception to the working-class and indigent population. This comparative thesis examines the organizational ideology and activity of the associations founded by the birth control pioneers, Marie Stopes, and Margaret Sanger. In considering the ideological constructions of contemporaneous motherhood advanced by the two groups, I seek to reposition the Anglo-American birth control movements within the wider field of social reform. Examining the influences of maternalist politics, the eugenics crusade, the developing field of social work, and the medical hierarchy in shaping the visions of maternity employed in birth control discourse, the study considers both the contrasting and convergent interpretations utilized by the organizations in their campaigns for contraception. This thesis also explores the practical work of the organizations during the interwar decades, analysing the policies and internal politics of the two groups, coalitions with other reform groups, their respective roles within the wider national and international birth control movements, and the effects engendered by the move from lay activism to professionalism. The clinical networks established by both associations are also examined, considering the divergences and similarities in the models of clinic provision, the roles of medical providers, and results of birth control in practice. I contend that, in both their ideological interpretations, alliances, and practical endeavours, the two associations shared a common vision of transitioning clinical contraception from the radical associations of the past, towards a new respectability as a legitimate medical technique and form of social welfare provision.

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Authors' Declaration

I declare that the work in this dissertation was carried out in accordance with the Regulations of the University of Bristol. The work is original, except where indicated by special reference in the text, and no part of the dissertation has been submitted for any other academic award. Any views expressed in the dissertation are those of the author.

SIGNED.....*Elia Elia*..... DATE.....*28/09/07*.....

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From radicalism to respectability: the Society for Constructive Birth Control & Racial Progress, and the American Birth Control League, 1921-1938

The organized movements for birth control in Britain and the United States underwent a marked transition during the interwar decades, repositioning from past associations with radical politics, Malthusian doctrines and potent propagandizing, towards a new stance emphasizing planned families, the prohibition of dysgenic births, and the increasingly medicalization of contraceptive technology. The two organizations I examine in the course of this thesis, the Society for Constructive Birth Control, headed by the paleobotanist-turned-marital literature author, Marie Stopes, and the American Birth Control League, established by Margaret Sanger (who subsequently left the group in 1928), were at the forefront of this shift towards respectability. The two associations were established within months of one another, in 1921, and, in both cases, represented the predominant national campaigning group for part of the interwar epoch. Besides a contemporaneous establishment, they also shared a visionary, if domineering, leadership in Sanger and Stopes, who unequivocally represent the paramount figures of the global movement during these decades. In their campaigning endeavours, both organizations, whilst pursuing divergent strategies and programmes for reform, sought to forge alliances with authoritative groups and professions, to both further their agitation, and to gain a new sense of respectability for their own associations, and the wider campaigning movement. Whilst much of the extant historiography has examined the activities of Stopes and Sanger as individual reformers, this study seeks to reposition their campaigning, within the scope of the organizations they formed and led.¹ The two associations, operating in disparate social,

¹ On Margaret Sanger's activism in the birth control movement, see David Kennedy, *Birth Control in America: The Career of Margaret Sanger* (New Haven, 1970); James Reed, *From Private Vice to Public*

medico-legal, geographical and political environments, faced both convergent and divergent challenges in their activism for contraception. The Comstock laws, enacted in the United States in 1873, prohibited dissemination of items associated with obscenity and vice, including materials and information pertaining to contraception.² A 1918 decision by the New York State Appeal Court ruled that the physician, to combat the presence of disease, was permitted to dispense contraception.³ This ruling culminated in the decision by Sanger and her allies to make birth control a medical matter, seeking to forge close links with the medical hierarchy to further their goal. In contrast, contraceptive dissemination was freely permitted in Britain; birth control activists believed that the state-sponsored welfare centres represented the most suitable means of providing working-class women with contraceptive information. Stopes established her birth control centre to provide an extramural model of clinical contraceptive practice.⁴ However, the government refusal to sanction dissemination resulted in the major political struggle of the British birth control campaign during the interwar decades.⁵ In spite of divergences in organizational structure and clinical models, the two associations both made efforts to align their activism with the powerful bodies of medicine and eugenics, to obtain sanction and respectability by

Virtue: The Birth Control Movement and American Society since 1830 (New York, 1978); Ellen Chesler, *Woman of Valor: Margaret Sanger and the Birth Control Movement in America* (New York, 1992); Linda Gordon, *The Moral Property of Women: A History of Birth Control in America* (London, 2003) – Gordon has examined the wider movement, in addition to Sanger's personal activism; Carole R. McCann, *Birth Control Politics in the United States, 1916-1945* (Ithaca, 1994) – McCann follows Gordon's example within this study. Studies examining the birth control work of Marie Stopes include Greta Jones, 'Marie Stopes in Ireland – The Mother's Clinic in Belfast, 1936-47', *Social History of Medicine*, 5, 2, August 1992, 255-278; Deborah Cohen, 'Private Lives in Public Spaces: Marie Stopes, the Mothers' Clinics and the Practice of Contraception', *History Workshop Journal*, 35, 1993, 95-112.

² *An Act for the Suppression of Trade in, and Circulation of Obscene Literature and Articles of Immoral Use, March 3, 1873, Congressional Globe and Appendix, 3rd Session, 42nd Congress, part III* (Washington DC, Congressional Globe, 1873); see also Janet Farrell Brodie, *Contraception and Abortion in Nineteenth Century America* (Ithaca, 1994); Nicola Beisel, *Imperiled Innocents: Anthony Comstock and Family Reproduction in Victorian America* (Princeton, 1997).

³ Reed, *From Private Vice to Public Virtue*, 107.

⁴ Press release, N.D. CMAC PP/MCS/C12

⁵ Richard A Soloway, *Birth Control and the Population Question in England, 1877-1930* (Chapel Hill, 1982).

association. This study contrasts and compares the activism of the two associations between 1921, the year of their joint establishment, and 1938, when the ABCL joined the new national organization for birth control in the United States, the Birth Control Federation of America. In exploring both the ideological influences and the practical nature of their work, I seek to reposition the associations within the wider movement for social reform during these decades. It is my contention that both organizations were strongly influenced by other prominent reform movements, and professional bodies, including the maternalist welfare movement, the eugenics crusade, the burgeoning social work profession, and the medical hierarchy. In utilizing a comparative perspective, I consider the variances and parallels between the organizational and wider movement politics of Anglo-American contraceptive campaigning.

Historians using a comparative framework have posited a number of theories and interpretations regarding the usage of the contrastive paradigm. Theda Skocpol and Margaret Somers have considered the appeal of comparative structures to the historian:

Comparative history is not new. As long as people have investigated social life, there has been recurrent fascination with juxtaposing historical patterns from two or more times or places. Part of the appeal comes from the general usefulness of looking at historical trajectories in order to study social change...practitioners of comparative history...have typically been concerned with understanding societal dynamics and epochal transformations of cultures and social structures. Attention to historical sequences is indispensable to such understanding.⁶

As this study contrasts the Anglo-American birth control movement, the comparability of the United States is particularly pertinent. Scholars of American history have argued whether its particular structures and concerns represent an American exceptionalism, or whether the uniqueness of the American model is comparable in other national

⁶ Theda Skocpol & Margaret Somers, 'The Uses of Comparative History in Macrosocial Inquiry', *Comparative Studies in Society and History*, 22, 2, April 1980, 174.

structures. George M. Fredrickson contends that the application of a comparative framework to American history may 'reinforce notions of American exceptionalism' or otherwise:

Comparing an aspect of American history to some comparable phenomenon in another society will yield differences at one level of generalization and similarities at another. Which is stressed will depend on the historian's purpose and angle of vision. Furthermore, there is no reason to believe that American history is unique in some radical or totalistic sense. All nations and cultures have distinctive features.⁷

In examining organizations involved in the interwar Anglo-American birth control movement, this study seeks to employ the paradigm of the generalizing type of comparative history. AA Van Den Braembussche explains its scope:

The generalizing type of comparative history ... deals with the 'method of agreement' as well as the 'method of difference', yet the dissimilarities remain singularly important. In this type, there is the attempt to construct a principle of variation in the character or intensity of a phenomenon, by investigating systematic differences between the cases studied.⁸

In the context of this comparative thesis, I seek to employ both the methods of agreement and difference in analysing the ideological and organizational aspects of the two associations. In using this technique, I contend that it will indicate the importance of the distinctive elements, and the shared aspects, of the two organizations' activism and rhetorical constructions.

This study takes a distinctive approach by examining the common and the unique ideological influences upon the two associations in the first section of the thesis, before focusing upon the organizational structures, policies and clinical networks in this final section. As this study follows a thematic structure, I examine the existing historiographical

⁷ George M. Fredrickson, 'Giving a Comparative Dimension to American History: Problems and Opportunities', *Journal of Interdisciplinary History*, 16, 1, Summer 1985, 109.

⁸ AA Van den Braembussche, 'Historical Explanation and Comparative Method: Towards a Theory of the History of Society', *History and Theory*, 28, 1, Feb 1989, 13.

literature of both the birth control movement and of the ideological influences upon its work in each pertinent section of the thesis.

The first section of the thesis, containing three chapters, examines the ideological influences which the birth control organizations drew from to formulate their theoretical constructions of contraception. In each chapter, I particularly analyse the configurations of motherhood advanced by the two groups, which emanated from these ideological connections. The mother served as the central trope in arguments for contraception, and I seek to examine how different movements influenced the interpretation of motherhood amongst birth control advocates.

In the first chapter, *Sanctity and Science: Maternalism and the construction of motherhood in birth control discourses*, I examine the influence of contemporaneous maternalist campaigns upon the birth control movement, surveying the initiatives of maternalism, together with the visions of motherhood they delineated. I address the association between maternalist notions and the ideas on motherhood advanced by birth control reformers in the ABCL and the CBC.

In the second chapter, *Saving the Race, Saving the Family: Eugenics, social work and configurations of motherhood in birth control campaigns*, I consider the influence of eugenics and social work upon the ideological interpretations of birth control. In the context of the eugenics movement, I consider the attitudes amongst eugenicists towards birth control, and the influence of the eugenics crusade as a force within the organizations. I also

examine the constructions of eugenic and dysgenic motherhood created by the two associations. The links between birth control activists and the social work profession particularly apply to the American Birth Control League. In this section, I consider the influence of case work in the League's increasing construction of birth control as a social welfare measure.

In the third chapter, *Medicalizing Motherhood: Contraceptive campaigners, physicians and the construction of birth control as a medical technique*, I examine the configuration of birth control as a medicalized technique, considering the support of the medical profession for contraception, together with the two organizations' interpretations of birth control as a medical measure. I also consider the delineation of birth control as a tool to improve maternal health standards, and to prevent the resort to abortion, two important contemporary debates in health and welfare in both nations.

In the second section, I consider the two associations' organizational structures and procedures, examining how the two national groups faced common and divergent challenges in their contraceptive campaign work.

In the fourth chapter, *Building Organizations, Building Movements*, I analyse the organizational structures and personnel in the two associations, also examining their campaigning endeavours and coalitions with other social reform movements. I assess the relationships between the ABCL and the CBC within their discrete national, and the wider international birth control sphere. Finally, I consider the implications that the

contemporaneous influence of professionalism in the realm of social reform had upon the two organizations.

The fifth chapter, *Building a network of clinics*, surveys the clinical facilities established by the two groups during these decades. I examine the establishment of the inaugural contraceptive clinics, the spread of the clinical networks, the diverging roles of clinical providers, and the implementation of birth control in practice.

Chapter 1: Sanctity and Science: Maternalism and the construction of motherhood in birth control discourses

The trope of the maternal figure conveyed a powerful imagery in the politics of early twentieth century reform. Advocates of eugenics, theorists of national efficiency, medical authorities, and most of all, female reformers, sought to construct visions of idealized motherhood in their activism and campaigning. In both the United States and Britain, a movement of largely female social reform advocates created cohesive and interconnected networks in their crusade to ameliorate and uplift the condition of contemporary motherhood. These maternalist networks, centred on the settlement movement community and the burgeoning number of women's voluntary associations in the United States, and the voluntary and state-sponsored welfare centres in Britain, engendered discourse merging science and spirituality in their delineations of both the realities and romanticism of the condition of motherhood. The groupings of female activists engaged in the effort to enhance the lives of mothers and children were part of a benevolent tradition of Progressive reform, seeking through the application of modern scientific techniques and emerging knowledge to restructure contemporary society, and also to construct a role for women within the political sphere. It is my contention that this commanding ideological shaping of maternity was highly influential in the delineations of motherhood depicted by the campaigners of the interwar birth control movement. Perceiving the practice of scientific techniques of contraception to represent a panacea to eradicate coeval social woes, the birth control reformers active in the Anglo-American movements considered the contraceptive a measure for welfare amelioration and wider social reform. Campaigners in both the CBC and the ABCL drew upon the ideological interpretation of motherhood articulated in the

politics of maternalism, to serve as an integral motif in their activism for extended birth control services. In copying the maternalist tradition of fusing together the sanctity and the sorrow of the maternal experience known by many amongst the indigent, and advocating the application of science to restructure this reality, I argue that the rhetoric and ideologies of motherhood in birth control discourse emanate from the heritage and advocacy of maternalist politics.

In this chapter, I examine the politics of maternalism and its influential impact in shaping the discourse and theorizing of birth control. In exploring the contemporaneous campaigns on behalf of motherhood, I consider the emergence of a tradition of female reformers, and the effect of their activism in structuring contemporary notions and visions of the maternal condition.

Maternalism: the politics of motherhood

The maternalist movement represented an influential strand of Progressive activism emanating chiefly from female advocates for social reform. The ideology of maternalism was embraced throughout western democracies in the early twentieth century. However, in each nation, the movement took on different forms and structures, subject to the prevailing social and political systems of government and welfare provision.¹ Whilst each national grouping of maternalist activists forged a unique model of maternalism in practice, the theoretical underpinnings of the wider movement remained cohesive. Linda Gordon has posited an overarching interpretation of maternalist politics, which whilst representing a

¹ Seth Koven and Sonya Michel, 'Womanly Duties: Maternalist Politics and the Origins of the Welfare States in France, Germany, Great Britain, and the United States, 1880-1920,' *The American Historical Review*, 95,4, October 1990, 1076-1108, examines in comparative perspective four different national models of maternalism in practice, as dictated by the divergent national structures of governmental and voluntarist provision of welfare services.

circumscribed model of the movement, conveys the fundamental connections between transnational advocates of maternalist reform:

... Maternalism ... took a variety of historical and political forms. Nevertheless, Maternalism had several common ingredients. First was the conviction that women reformers should function in a motherly role toward the poor because the poor needed moral and spiritual as well as economic help. The second shared belief was that women's work, experience, and/or destiny as mothers made them uniquely able to lead the campaign for public social provision while it made poor mothers uniquely deserving of help. This argument was sometimes biological, sometimes social, but it always expressed a commitment to gender differentiation. Maternalists almost always accepted the family-wage principle – that men, husbands and fathers, should ideally be able to earn enough to support their families, freeing wives and mothers to devote themselves to homemaking. Yet some maternalism also served to subvert that premise, for a third aspect was a commitment to giving aid directly to women, not through their husbands, thereby challenging women's economic and political dependency on men as precisely unfitting them for their best possible work as mothers. Most renditions of maternalism led women to give priority to the needs of children in their reform campaigns.²

In the context of Britain and the United States, maternalist initiatives were duly structured according to the national systems of government and welfare provision. In the British case, the centralized system of government, combined with a more active involvement of the state through the involvement of local authorities and medical officers of health in the provision of health and welfare amenities resulted in a reduced role for female reformers in this sphere. In contrast, the fragmented and decentralized American model of welfare provision, subject to regional diversification and dependent upon voluntary endeavours, elicited the flourishing of a strong and cohesive maternalist movement, offering a multitude of opportunities for a burgeoning number of college educated women seeking to undertake reform activism. Theda Skocpol and Gretchen Ritter, in their comparative perspective of Anglo-American women's activism in welfare work, offer this critical interpretation of the variations between the two movements:

Like their American sisters during the nineteenth century, British women also organized for civic action, inspired in many cases by similar Protestant values and by an analogous desire to extend ideals of Victorian domesticity into community service. But turn-of-the century British women holding ideas

² Linda Gordon, 'Putting Children First: Women, Maternalism, and Welfare in the Early Twentieth Century,' in Linda K Kerber, Alice Kessler Harris and Kathryn Kish Sklar (eds.) *US History as Women's History: New Feminist Essays* (Chapel Hill, NC, 1995), 65.

about the moral superiority of their gender did not initially claim, or ever achieve, the same degree of influence in shaping social policies that such American women did.³

Maternalist discourses in both Britain and the United States emphasized the importance of uplift to the poor and needy through education and the application of scientific knowledge. The maternalist vision highlighted the pivotal role of the educated reformer in providing this information and advice. It is my contention that the advocates campaigning for birth control knowledge drew from this progressive model of reform; they shared the conviction that through scientific information, they possessed the potential to ameliorate and elevate the indigent and the diseased.

The existing historiography of maternalism provides an incredibly vast and rich survey of this unique reform movement. Much of the scholarship, and much of our understanding of the politics of maternalism, emanates from the work of feminist scholars examining the politics of maternalist endeavours during the Progressive era in the United States. In the extant surveys and analyses of the movement, scholars have argued over the very construction of maternalism, the boundaries of its politics, and the scope of its endeavours and achievements. Political scientist Theda Skocpol has written extensively about the epoch of maternalism in America: Skocpol contends that the unique political and social climate of the Progressive era offered women reformers a unique opportunity to influence the structure and parameters of a maternalist welfare state. Skocpol highlights the importance of the co-operation between the unmarried activists working in the social settlement movement, and the growing numbers of largely married women in organized associations:

³ Theda Skocpol and Gretchen Ritter, 'Gender and the Origins of Modern Social Policies in Britain and the United States,' in Theda Skocpol, *Social Policy in the United States: Future Possibilities in Historical Perspective* (Princeton, 1995), 129.

... the two sides of this partnership shared beliefs about women's roles in society and about the morally justifiable need for reforms in industrializing America. Although women leaders in the social settlement movement were often unmarried and childless, they thought of themselves as 'public mothers.' They believed that mothers and children were especially worthy of public help. Moreover, many of them believed that women had special proclivities for moral decision making and civic activity; thus women were the logical ones to lead the nation toward new social policies. Along with many of their male co-workers in the ranks of progressive reformers, unmarried, higher-educated social settlers shared these ideas about woman's special qualities with the far larger numbers of women in the turn-of-the century United States who were married, committed to motherhood, and not pursuing paid careers.⁴

Historian Gwendolyn Mink argues that racial, gender and class biases governing wider American society were inherent within the politics of maternalism, reinforcing stringent and oppressive constructions of the family model, particularly in the case of immigrants or women of colour:

The roots of women's inequality in the welfare state can be found in maternalist social policy, which made women's 'universal' gender role the conduit for cultural reform and which conditioned social benefits on domestic motherhood. Defining motherhood as the primary role of the woman citizen and 'Americanized' motherhood as the basis of a strong polity, maternalists made the imitation of a middle-class, Anglo-American maternal ideal the price of woman's citizenship. They thereby embraced a gender essentialism that conferred political significance upon women's difference from men, even as they eschewed the view that all women would 'naturally' pursue and excel in her vocation without social support and supervision.⁵

Other studies have analyzed the delineation of 'scientific motherhood', which through the application of scientific knowledge sought to reorder the social and political struggles of the age. Jacqueline Litt contends that 'the new science of motherhood was a component of the broader cultural change in which science was understood to improve virtually all facets

⁴ Theda Skocpol, *Protecting Mothers & Soldiers: The Political Origins of Social Policy in the United States* (Cambridge, MA, 1992), 353. For additional surveys of the politics of maternalist welfare in the United States, see Kathryn Kish Sklar, 'The Historical Foundations of Women's Power in the Creation of the American Welfare State, 1830-1930,' in Seth Koven & Sonya Michel (eds.) *Mothers of a New World: Maternalist Politics and the Origins of Welfare States* (New York, 1993), 43-93; Kriste Lindemeyer, 'A Right to Childhood': *The US Children's Bureau and Child Welfare, 1912-46* (Urbana, 1997); Molly Ladd-Taylor, "'My Work Came Out of Agony and Grief': Mothers and the Making of the Sheppard-Towner Act,' in Seth Koven & Sonya Michel (eds.) *Mothers of a New World: Maternalist Politics and the Origins of Welfare States* (New York, 1993), 321-43; Richard A Meckel, *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality 1850-1929* (Baltimore, 1990); Alisa Klaus, *Every Child a Lion: The Origins of Maternal and Infant Health Policy in the United States and France, 1890-1920* (Ithaca, 1993).

⁵ Gwendolyn Mink, *The Wages of Motherhood: Inequality in the Welfare State, 1917-1942* (Ithaca, 1995), 73.

of life, from worker productivity to reproductive control.’⁶ Meanwhile, the historian Robyn Muncy suggests that maternalist interpretations of motherhood were repressive rather than liberating, creating a system where female reformers constructed oppressive models of gender norms without considering the individual specifics inherent in family life:

In an era when constructions of gender would certainly not allow women any authority over men, those women who did gain authority wielded it over other women, and in many cases, used it not to liberate but to restrict their sisters. Insistence that all mothers should breastfeed their children and rear them without recourse to outside help meant that working-class mothers, forced to work by financial need, could not hope to fulfill expectations for proper motherhood and that a professional woman who chose to have children to forgo her career while her children were young. Advice to mothers did not provide flexibility or offer alternative child-care techniques for varying familial circumstances but instead insisted that there was one good way to rear children. Apparently professionals never considered the possibility that many different approaches might well have produced happy, healthy children, and consequently their admonitions would allow only women without children to participate fully in public life.⁷

Seth Koven and Sonya Michel have addressed the comparative politics of maternalism, exploring the systems of welfare provision in two states, France and Germany, with centralized, state-sponsored welfare services, in contrast with the measures on offer in the weaker state systems in Britain and the United States during the late nineteenth and early twentieth centuries.⁸ Koven and Michel advance that where the state sponsored provision was weakest, particularly in the case of the United States, women’s activism emerged to fill the void and offer services through voluntary endeavours.

Historians of early twentieth century Britain have also considered the politics of maternalism in recent scholarship. Jane Lewis has suggested that, in contrast to the interpretations postulated by American scholars, there existed great variations in the impulses and inducements behind women’s social activism, and it is too optimistic to

⁶ Jacquelyn S Litt, *Medicalized Motherhood: Perspectives from the Lives of African American and Jewish Women* (New Brunswick, 2000), 21.

⁷ Robyn Muncy, *Creating a Female Dominion in American Reform, 1890-1935* (New York, 1994), 122.

⁸ Koven & Michel, ‘Womanly Duties.’

perceive that such reformers were not influenced by repressive constructions of class, gender and cultural norms in their crusades.⁹ Anna Davin emphasizes the connections between prevailing eugenicist ideologies and the construction in motherhood in the early decades of the twentieth century. Davin postulates that women's biological role as a mother was increasingly the subject of focus from an array of reforming authorities; in spite of women's natural abilities in this sphere, experts argued that motherhood needed to be instilled rather than being predestined function:

Middle-class convention of the time took for granted that the proper context of childhood was the family, and the person most responsible the mother. So if the survival of infants and the health of children was in question, it must be the fault of the mothers, and if the nation needed healthy future citizens (and soldiers and workers) then mothers must improve. This emphasis was reinforced by the influential ideas of eugenicists: good motherhood was an essential component in their ideology of racial health and purity. Thus the solution to a national problem of public health and of politics was looked for in terms of individuals, of a particular role – the mother, and a social institution – the family ... It also contributed substantially to a shift in the dominant ideology. The family remained the basic institution of society, and woman's domestic role remained supreme, but gradually it was her function as a mother that was being most stressed, rather than her function as a wife.¹⁰

Lara Marks and Ellen Ross have also analyzed the links between the emerging national preoccupation with degeneration and motherhood during these decades. Marks claims that whilst, many maternalist reformers perceived maternal ill-health as an individual tragedy, others viewed it as threatening national deterioration and racial decline.¹¹ Ellen Ross contends that maternal ignorance emerged as 'a central trope in 'deterioration' discourse. Good mothers could save English babies, create healthy children, and regenerate the nation.'¹²

* * * *

⁹ Jane Lewis, 'The Working-Class Wife and Mother and State Intervention, 1870-1918,' in Jane Lewis (ed.), *Labour and Love: Women's Experience of Home and Family 1850-1940* (Oxford, 1986), 79.

¹⁰ Anna Davin, "Imperialism and Motherhood", *History Workshop Journal*, 5, 1978, 9-65, 12.

¹¹ Lara V Marks, *Metropolitan Maternity: Maternal and Infant Welfare Services in Early 20th Century London* (Amsterdam, 1996), 13-14. I contend that this dual impulse behind maternalist reform was also an important element in the motivations of many birth control advocates. See chapter 2.

¹² Ellen Ross, *Love and Toil: Motherhood in Outcast London 1870-1918* (New York, 1993), 201.

The clubwoman, Rheta Child Dorr, writing in 1910, proffered this interpretation of the pivotal vision at the heart of maternalist politics:

Woman's place is Home. But home is not contained within the four walls of an individual home. Home is the community. The city full of people is the Family. The public school is the real Nursery. And badly do the Home and the Family and the Nursery need their mother ... Woman's place is the Home, and she must not be forbidden to dwell there ... For woman's work is race preservation, race improvement, and who opposes her, or interferes with her, simply fights nature, and nature never loses her battles.¹³

Historians have debated the parameters of maternalism; in this context, I examine the traditions of maternalism in early twentieth century Britain and the United States, seeking to situate their activism within the broader sphere of reform in which the birth control movement flourished. Whilst impelled by divergent motivations and impulses, I contend that the movement for organized birth control drew from both the tradition of benevolence and ideological constructions of motherhood which lay at the heart of the maternalist vision. Examining the two movements in Britain and the United States, I will consider the influence of the work of the maternalist government department, the Children's Bureau, in the United States, and the mothercraft politics of the maternity and child welfare movement in Britain, in shaping contemporary notions of motherhood which duly influenced the movement for birth control during the interwar decades.

A realm of female reform: the Children's Bureau

Social settlement houses had flourished in the United States since the late 1880s; in these institutions, which were mainly female-run, women had the opportunity to develop their campaigning and activist skills and tactics in reform work. Hull House, opened by Jane Addams in Chicago, was the most celebrated institution providing social services to the local community, including nursery care, education classes, cooking lessons and schooling

¹³ Rheta Child Dorr, *What Eight Million Women Want* (New York, 1910), 327.

in personal hygiene.¹⁴ The sphere of settlements offered unmarried female reformers the opportunity to develop a professional identity, carrying out work for the community and uplifting motherhood. During these decades, a movement of married women's associations also began to emerge; the General Federation of Women's Clubs was established in 1890 to 'to bring into communication with each other the various women's clubs throughout the world, in order that they may compare methods of work and become mutually helpful.'¹⁵ Like settlement workers, clubwomen also embraced the politics of reform and applied themselves to the practice of 'municipal housekeeping,' in which women's natural feminine qualities of morality and nurturance were implemented in reform for the good of the entire community.¹⁶ These two groups of reforming women coalesced in their agitation for the government to establish a governmental department focusing upon the needs of children. First recommended by the settlement worker Lillian Wald in the early twentieth century, as concerns about infant mortality and child health developed amongst the maternalist community of reformers, and throughout the country, the idea met with increasing support.¹⁷ The White House Conference on Child Welfare, held in 1909, gave the reformers the political support they required to instigate the scheme. Lillian Wald urged that the uptake of the idea, given that 'the Children's Bureau would not merely collect and classify information, but it would be prepared to furnish to every community in the land information that was needed, diffuse knowledge that had come through experts' study of

¹⁴ Clarke Chambers, *Seedtime of Reform: American Social Service and Social Action, 1918-1933* (Westport CT, 1980) 16; Jane Addams, *Twenty Years at Hull House* (New York, 1910).

¹⁵ General Federation of Women's Clubs, cited in Skocpol, *Protecting Mothers and Soldiers*, 329.

¹⁶ Skocpol and Ritter, 'Gender and the Origins of Modern Social Policies,' 117; Camilla Stivers, *Bureau Men, Settlement Women: Constructing Public Administration in the Progressive Era* (Lawrence, 2000), 55. On work of settlements see Chambers, *Seedtime of Reform*; Mink, *The Wages of Motherhood*; Muncy, *Creating a Female Dominion in American Reform*.

¹⁷ Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Urbana, 1994), 74.

facts valuable to the child and to the community.’¹⁸ The agency began to take shape; it was to be headed by the Hull House settlement worker, Julia Lathrop. In 1912, the federal bureau was established, focusing its early work on infant mortality levels and drives for birth registrations:

The act establishing the Bureau provides that it shall investigate and report upon all matters pertaining to the welfare of children and child life among all classes of our people, and shall especially investigate the questions of infant mortality, the birth rate, orphanage, juvenile courts, desertion, dangerous occupations, accidents, and diseases of children, employment, and legislation affecting children in several states and territories.¹⁹

The Bureau sought to address the issue of infant mortality immediately, ‘because conditions existing in this country show its urgency and because it is fundamental to the later work of the Bureau. This inquiry will be directed especially toward the social aspects of the problem.’²⁰ The strict terms of reference of the Children’s Bureau stopped its work from encroaching on anything approaching medical intervention; the agency could only carry out educational campaigns, disseminate literature and information, and investigate social problems through surveys and reports. The powerful lobby of the American Medical Association, with its fear of ‘socialized medicine’ taking over from private practice, was highly suspicious of the activities of the Bureau.²¹ The Bureau issued pamphlets on infant care, public health nursing, and baby saving programs; orchestrated conferences on child health and welfare, organized health exhibits, and established a national Children’s Year in

¹⁸ Lillian Wald, quoted in Muncy, *Creating a Female Dominion in American Reform*, 43.

¹⁹ The Children’s Bureau, *Establishment of the Bureau*, (Washington DC, 1912).

²⁰ Ibid.

²¹ See Molly Ladd-Taylor, “‘Why does Congress wish women and children to die?’: the rise and fall of public maternal and infant health care in the United States, 1921-1929,” in Valerie Fildes, Lara Marks and Hilary Marland, *Women and Children First: International Maternal and Infant Welfare, 1870-1945* (London, 1992) on AMA opposition to the Children’s Bureau activities in the field of health and welfare.

1918.²² The programme for Children's Year set out to save the lives of 100,000 children, urging that

The second year of the war should be marked by determined Nationwide effort on behalf of childhood. Other warring countries have learned that national security requires the protection of children. They are proving their conviction by extraordinary effort and large expenditure. The Children's Bureau of the United States Department of Labor and the Child Welfare Department of the Woman's Committee of the Council of National Defense are therefore calling upon the United States to heed the experience of Europe and to make the second year of the war, in fact as well as in name, a Children's Year throughout the country.²³

The activists of the Children's Bureau were convinced that education and the application of scientific knowledge would ameliorate conditions for mothers and babies. In later decades, the advocates for birth control shared this belief that through scientific information, the constraints of life for the overburdened mother could be lifted. The activism of the Children's Bureau and its role in the heart of federal government was unique. Molly Ladd-Taylor posits that 'for almost two decades, the Bureau acted as the women's branch of the federal government; the spotlight it placed on maternal and child welfare made many women feel they had a stake in politics for the first time.'²⁴ The Bureau's campaign to extend the principles of scientific motherhood throughout the nation took on a more cohesive approach with the introduction of the Sheppard-Towner Act in 1921. The entry of the United States into the war in 1917 had revitalized interest in the provision of maternal and infant welfare care. The Bureau capitalized on the fears surrounding the threat of national degeneration in its pamphlets and literature, urging that

If argument were needed for greater attention to the physical care of children in the United States, it is found in the result of the first draft with its rejection of one-third of the men as not physically sound. We are told that a large proportion of the rejections were for causes dating back to infancy and early childhood which could have been removed had they been recognized and treated properly at the right time.²⁵

²² See Children's Bureau, *Children's Health Centers* (Washington DC, 1918); Children's Bureau, *Save 100,000 Babies: Get a Square Deal for Children* (Washington DC, 1918); Children's Bureau, *Save the Youngest* (Washington, DC, 1921).

²³ The Children's Bureau, *Save 100,000 Babies*, 2.

²⁴ Ladd-Taylor, *Mother-Work*, 74.

²⁵ The Children's Bureau, *Save 100,000 Babies*, 4.

Since the United States ranked eleventh and eighteenth in the list of industrialized nations for infant and maternal mortality rates, the Children's Bureau believed that by establishing welfare services in every state, disseminating literature and educating mothers in the principles of scientific motherhood, the rates of infantile and maternal death would duly fall from these unacceptable highs.²⁶ The Bureau launched a federal campaign to push through its vision of a welfare service for American mothers and babies. The Sheppard-Towner Act, passed in 1921, provided matching funds for states offering information on hygiene, prenatal and infant care to mothers, together with funds for establishing health conferences and funding the cost of maternity nurses.²⁷ Not every state took up the offered funds, but nearly 3000 welfare centres were established, more than 22 million pamphlets and articles were disseminated during the seven years the act was in place between 1921 and 1929.²⁸ The unmarried maternalists of the Children's Bureau did not even consider the contentious prospect of birth control as a part of the Sheppard-Towner programme.²⁹ Surveying the seven years of the measure in 1931, the Children's Bureau emphasized its educative qualities:

Though the details of the work under the maternity and infancy act have differed in the different States, the aim in all has been fundamentally educational; and, because the large cities already have hospitals, physicians, nurses and health departments, the work has been primarily for mothers and babies living in the smaller cities and in rural areas. All the States sought to teach the public how better care of mothers and babies will save lives and improve health and to stimulate such local and individual interest in the program that the work, once initiated, will be carried on by the local community itself.³⁰

²⁶ J Stanley Lemons, 'The Sheppard-Towner Act: Progressivism in the 1920s,' *The Journal of American History*, 55, 4, March 1969, 777.

²⁷ Children's Bureau, *Promotion of the Welfare and Hygiene of Maternity and Infancy: Text of Act of November 23, 1921 and Maximum Amounts available to the States* (Washington DC, 1921).

²⁸ Molly Ladd-Taylor, "My Work Came Out of Agony and Grief," 336.

²⁹ Christine Bolt, *Sisterhood Questioned? Race, Class and Internationalism in the American and British Women's Movements, c1880s-1970s* (London, 2004), 126. Bolt argues that American maternalists still envisioned birth control in terms of pre-war, radical associations.

³⁰ Children's Bureau, *The Seven Years of the Maternity and Infancy Act* (Washington DC, 1931), 1.

Whilst the welfare provisions of Sheppard-Towner incontestably ameliorated the lives of millions of mothers by providing welfare services, it also reinforced proscriptive maternalist norms about the need for reformers to provide instruction to mothers to carry out their natural capabilities and duties. Maternalist advocates believed it was their special function as 'public mothers' to carry out this duty.

Maternity and Mothercraft: the politics of the maternal and infant welfare movement in Britain 1900-1918

Maternalist politics in early twentieth century Britain centred on fears of national degeneration, bringing together a coalition of reformers who sought to uplift the race by elevating the mother. The combined impetus was the concern regarding the level of recruits for the Boer war campaign, together with the high rates of infant mortality – 163 children out of every 1000 died before their first birthday.³¹ Contemporaries viewed the mother as the necessary focal point for their campaign to restructure the prevailing social forces resulting in this national decline:

First concentrate on the mother. What the mother is the children are. The stream is no purer than the source. Let us glorify, dignify, purify motherhood by every means in our power...In every aspect of this subject let us have good mothering; that is at the bottom of happy, healthy children.³²

As in the American context, British reformers stressed the ignorance of mothers in their campaigns, implying that motherhood was far from a natural function and needed schooling to be properly fulfilled. Mothercraft needed to be taught and instilled. The rhetoric of reformers suggested that if mothers failed to adhere to these principles they risked their children's lives:

Good mothercraft, which practical experience proves to be efficacious in preserving the life of the infant, helps to preserve the natural defences of the body against bacterial invasion.³³

³¹ Davin, 'Imperialism and Motherhood,' 10.

³² John Burns, quoted in Marks, *Metropolitan Maternity*, 14.

Through welfare agencies, schools for mothers, literature and the establishment of milk depots, maternalists and their fellow reformers structured a programme designed to uplift maternal and child welfare, spreading the scientific knowledge of mothercraft through educational channels to prescribe for mothers how best to raise their families in the face of their natural ignorance.³⁴ A more positive configuration of the politics of maternalism emerged from the activities of the Women's Co-operative Guild. First organized in 1883, the guild, although led by middle-class women, was a working-class organization emanating from the co-operative movement. With a membership of 30,000 in 1914, rising to 50,000 by 1921, the Guild, under the leadership of the middle-class general secretary, Margaret Llewellyn Davies, began to address the inequalities of working-class women's lives in the public sphere, campaigning for maternity benefits to be included in the 1911 National Insurance Act, and seeking an amendment in 1913 to the Act to ensure benefits went directly to the mother.³⁵ Gillian Scott posits that the Guild restructured notions regarding women's involvement in questions of politics:

The Guild rapidly became the source of a new and emancipatory discourse about working-class femininity. Three distinctive claims about working-class women took shape. Firstly, that they possessed a great but hitherto latent capacity for public service; secondly, that as citizens they had rights and responsibilities beyond the confines of the home; and finally, that as wives and mothers they were entitled to protection from forms of domestic abuse generally concealed by a conspiracy of silence. In each of these the Guild was effectively turning the ideology of domesticity on its head. To insist that housewives possessed an aptitude for public life subverted the notion that their social role as wives and mothers was dictated by their biology; to claim full citizenship for women problematized the sexual

³³ Eric Pritchard, *Problems of Population and Parenthood*, (London, 1920), 373. Pritchard was an eminent paediatrician involved with the St Marylebone Health Society, and instrumental in setting up the St Pancras School for Mothers in 1907.

³⁴ Deborah Dwork, *War is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England, 1898-1918* (London, 1987); Carol Dyhouse, 'Working-class Mothers and Infant Mortality in England, 1895-1914,' *Journal of Social History*, 12, 1978-79, 248-67.

³⁵ Gillian Scott, 'A "Trade Union for Married Women": The Women's Co-operative Guild 1914-1920,' in Sybil Oldfield (ed.) *This Working-Day World: Women's Lives and Culture(s) in Britain, 1914-1945* (London, 1994), 18. The Guild also addressed the inequities in the divorce laws; in 1923, the Congress of the Guild voted in favour of birth control being disseminated in welfare centres, the first women's association to support this measure officially.

division of society into separate spheres of activity; to maintain that the home was an arena of hidden suffering undermined the idealized conception of the domestic sphere as the fount of all virtue.³⁶

The Guild published the *Maternity* letters in 1915, a collection of accounts from Guild members detailing the hardships and sufferings they encountered in their daily lives, as part of their strategy to establish a nationwide programme of state-funded maternity services.³⁷

A pivotal moment in recasting contemporaneous ideas regarding motherhood, in giving voice to the realities rather than the romanticism of maternity, the letters enabled working-class women to delineate, in their own vocabulary, the struggles which constituted the condition of motherhood, rather than those which were framed from above by maternalist reformers with their own political agenda.³⁸

Activism in the politics of maternity and child welfare was given a new impetus during the war years, culminating in the 1918 Maternity and Child Welfare Act, which sought to bring cohesion to the local authority and voluntary centres operating throughout Britain. The welfare centres had doubled in number during the conflict, reaching over 1200 by the introduction of the Act, which took the welfare services provided by voluntary groups into a state-sponsored programme of uniform measures.³⁹ In contrast to the voluntarism which predominated in the American model of maternalist welfare, the British state provided a more cohesive and unified system of infant and maternal welfare measures during the early decades of the twentieth century. As Linda Gordon suggests, the politics of maternalism were shaped by historical and regional variants; whilst the nature of the mothercraft campaign mirrors aspects of the Children's Bureau interpretation of scientific motherhood,

³⁶ Gillian Scott, *Feminism and the Politics of Working Women: The Women's Co-operative Guild, 1880s to the Second World War* (London, 1998) 72.

³⁷ Scott, *Feminism and the Politics of Working Women*, 118.

³⁸ Margaret Llewellyn Davies (ed.) *Maternity: Letters from Working-Women* (London, 1915).

³⁹ Dyhouse, 'Working-class Mothers and Infant Mortality in England, 1895-1914,' 250.

there are key divergences between the practical movements in Britain and the United States. Given the disparate dynamics between the organized women's movements in the two countries, the politics of maternalism in Britain were less centred on groups of female reform advocates, and instead brought together a broader coalition of male and female reformers, physicians, and eugenicists who saw in the maternal figure the opportunity to elevate society from its contemporaneous woes. Equally, the membership of the Women's Co-operative Guild contributed to the sphere of maternalist discourse in Britain through their construction of the harsh realities governing the lives of working-class mothers. This was the coeval political climate shaping ideological interpretations of motherhood in Anglo-American culture. In the writings and rhetoric of birth control advocates, the influence of the imagery and vocabulary of maternalism are perceptible.

'Raising motherhood to a position of power and equality': Maternalist visions of motherhood

The contemporary delineation of motherhood in the early twentieth century owed much to the rhetorical and theoretical constructions of maternalist reformers in Britain and the United States, who, with evident divergences according to the policy and locale of their politics, sought to reconfigure notions of the poor mother and her need for instruction and knowledge. Maternalist advocates, such as the Children's Bureau head Grace Abbott, were not certain that maternal skills came naturally to women, or whether they needed to be instilled through education:

Mothers do not know, just because they are mothers, how to care for children in a scientific way, and if they get that supervision, they do know it.⁴⁰

⁴⁰ Grace Abbott, quoted in Mink, *The Wages of Motherhood*, 29.

The writings and rhetoric of maternalist advocates elucidate how the trope of the maternal figure was employed to promulgate concerns about the working-class family, poverty and the social forces governing the lives of the poor. Maternalists portrayed mothers in both sympathetic and disparaging terms. The ideology of maternalism cast the mother as a solitary figure, lacking the necessary support from spouse, family and state to adequately raise her children. It was only with the intervention of 'public mothers,' the maternalist advocates who could offer knowledge of scientific practices and measures to save the baby and duly, save the mother. In this section, I appraise the visions of motherhood articulated by maternalist reformers in Britain and the United States, examining in particular the publications of the Children's Bureau and the *Maternity* letters issued by the Women's Co-operative Guild. Whilst the literature issued by the Children's Bureau conveys both censure and praise for the working-class motherhood, the correspondence featured in the *Maternity* letters enabled women to vocalize their own experiences and indicate the realities often missing in the rhetoric of reformers. It is my contention that these two interpretations of maternalism helped structure the later delineations of motherhood put forward by birth control advocates in the United States and Britain. The ABCL and CBC in their writings and rhetoric clearly drew from these contemporaneous depictions of the maternal condition, both in their use of sympathy and admonishment, and in using the correspondence of individual mothers describing the plight as a propaganda strategy in the birth control struggle.

The Children's Bureau, in carrying out investigations and reports into various facets of the lives of women and children in the early twentieth century United States, represented many

of the difficulties and harsh realities faced by poverty-stricken mothers. In depicting their interpretations of poor women's frailties and failings as mothers, the maternalists in the Bureau were writings as experts, convinced of the validity of scientific motherhood above the cultural and community norms which structured how many indigent mothers raised their children. The pamphlets written by the Bureau to educate women in questions of child care and hygiene also provide an insight into the dichotomy between the vision of middle class reformers and the realities encountered by working-class women without recourse to knowledge. The key motif used by the Children's Bureau maternalists is their conviction in the centrality of the maternal role in women's lives. As Anna Davin emphasized in the British context, the American maternalist also ignored the wifely role of mothers in their concentration upon women's maternal functions and capacities.⁴¹ Grace L Meigs, in her 1917 study of maternal mortality in the United States, whilst describing the tragedies of maternal mortality, highlighted the paramountcy of motherhood to the maternalist vision:

Each death at childbirth is a serious loss to the country. The women who die from this cause are lost at the time of their greater usefulness to the State and to their families; and they give their lives in carrying out a function which must be regarded as the most important in the world.⁴²

Mary Mills West, a widow and mother of five, authored the highly popular pamphlet *Infant Care*, first published in 1914, with over one and half million copies of the pamphlet distributed between 1914 and 1921. Julia Lathrop, the head of the Children's Bureau specifically chose mothers rather than physicians to write the literature, convinced that 'there is a real strategic advantage in having them come from a woman who has herself had the experience of bringing up a family of children.'⁴³ Mills used the rhetoric of scientific

⁴¹ Anna Davin, 'Imperialism and Motherhood,' 12.

⁴² Grace L Meigs, *Maternal Mortality from all conditions connected with Childbirth in the United States and certain other countries* (Washington DC, 1917), 51.

⁴³ Julia Lathrop, quoted in Muncy, *Creating a Female Dominion in American Reform*, 55.

motherhood to encourage mothers to adhere to receiving instruction. Declaring baby care ‘a great art and a great science’:

It is also the most important task any woman ever undertakes, and she should apply to this work the same diligence, intelligence, and sustained effort that she would give to the most exacting profession. It will only be when the profession of parenthood is thus dignified that children will come into their full inheritance of health, efficiency, and happiness.⁴⁴

Other publications issued by the Children’s Bureau conveyed the dangers to national health and welfare inherent in the untaught, unenlightened working-class mother. *Save the Youngest*, published in 1921, suggested that without the support of community and the provision of education, the poor mother would remain a danger to herself and her family:

The ignorance of the working-class mother is a menace because she is socially helpless unless the community will take the responsibility of providing adequate medical and nursing care, adequate teaching of maternity and infant hygiene, adequate provision for decent housing and sanitation, and adequate income for the father.⁴⁵

Reports into mothering in different types of communities and environments also contained proscriptive interpretations of maternal behaviour, often in the face of extreme poverty and suggesting unwillingness by maternalists to envision other social and cultural norms and practices could be valid outside the middle-class sphere. Glenn Steele’s account of *Maternity and Infant Care in a Mountain County in Georgia*, published by the Bureau in 1923, condemned the use of the traditional practice of drawing upon female networks of support in child care, rather than applying the principles of scientific motherhood:

Thrown so largely upon her own resources in caring for her babies, the mother relies upon the advice of relatives and neighbors, which results in the continuance of many unwise and dangerous customs. In no particular was this more marked than in the matter of infant feeding; and one of the greatest needs of the mountain mother is for modern, scientific instruction in methods of nurturing her young child.⁴⁶

In comparison to these proscriptive interpretations of the practices and procedures deemed necessary in scientific motherhood, the *Maternity* letters conveyed the realities of

⁴⁴ Mary Mills West, *Infant Care* (Washington DC, 1921), 84.

⁴⁵ Children’s Bureau, *Save the Youngest* (Washington DC, 1921), 14.

⁴⁶ Glenn Steele, *Maternity and Infant Care in a Mountain County in Georgia* (Washington, DC, 1923) 25.

motherhood using the sentiments and vocabulary of working-class women themselves, rather than the evocations of middle-class reformers removed from the realities of life amongst the poor. Margaret Llewellyn Davies, General Secretary of the Guild, edited the collection, whilst urging in her introduction to the correspondence that whilst women needed knowledge, did not seek to enforce proscriptive language and middle-class norms employed by the Children's Bureau, but portrayed the sufferings and the lack of schooling amongst poor women from a sympathetic and understanding viewpoint:

Much of the suffering entailed in maternity, much of the damage to the life and health of women and children, would be got rid of if women married with some knowledge of what lay before them, and if they could obtain medical advice and supervision during the time of pregnancy and motherhood. It is not the women's fault that they are ignorant, for the possibilities of knowledge have not been within their reach.⁴⁷

Whereas the unmarried maternalist reformers leading the Children's Bureau preferred to keep any connotations pertaining to sex from their literature, the *Maternity* letters penned by working-class wives during the 1910s illustrate the burdens placed upon women by the strains of unfettered childbearing and the lack of contraceptive information available to them. Llewellyn Davies urged in 1918 that 'the progress of the race can best be served by raising motherhood to a position of power and equality, so that the rights of parenthood may be shared by both men and women.'⁴⁸ The accounts of family life conveyed in the correspondence suggest that the overriding responsibilities for the family in many working-class homes lay with the mother:

Who works harder than us mothers? I often say we work twenty out of twenty-four hours very often. Some days I don't sit down hardly to snatch a mouthful of food. There seems no time for women, but the men make time. If we did, we should have to be a day behind, and we don't get much Sunday rest. I am forty-eight now, so I hope I'll have no more.⁴⁹

⁴⁷ Llewellyn Davies (ed.) *Maternity*, 7.

⁴⁸ Margaret Llewellyn Davies, 'The Claims of Mothers and Children,' in Margaret Llewellyn Davis, *Women and the Labour Party* (London, 1918), 3.

⁴⁹ Llewellyn Davies (ed.) *Maternity*, 190.

Other mothers in the correspondence portrayed the difficulties of married life in the face of constant hardship - one of the facets of women's lives missing in the maternalist rhetoric employed by reformers in the Children's Bureau. Employing terminologies which were both emotive and starkly honest, mothers recording their personal histories voiced their struggles in maintaining harmony in the marital relationship – one aspect of the conditions enforced by poverty that birth control advocates and their correspondents would later articulate:

...The utter monotony of life, the lack of tone and culture, the drudgery and gradual lowering of the standard of living consequent upon the rising cost of living, and increased responsibilities, was converting me into a soulless drudge and a nagging scold. I felt the comradeship between myself and my husband breaking up. He could not enter into my domestic, I would not enter into his intellectual pursuits, and again I had to fight or go under.⁵⁰

The letters also convey many women's complete lack of knowledge on sex; mothers acknowledged their ignorance of 'anything concerning married life or motherhood' upon marriage.⁵¹ Other writers described the sexual oppression they faced at the hands of violent or unsympathetic husbands, contending that

...no amount of State help can help the suffering of mothers until men are taught many things in regard to the right use of the organs of reproduction, and until he realises that the wife's body belongs to herself, and until the marriage relations takes a higher sense of morality and bare justice.⁵²

The constructions of motherhood in the writings of the Children's Bureau reformers in the United States, and the accounts of working-class women to the Women's Co-operative Guild in Britain, present two divergent interpretations of maternalism. In the reports and pamphlets of the Bureau, the maternalist reformers employ a phraseology which presents the trope of the mother in both sympathetic and censorious terms. The reformers depict the mother as a forlorn figure needing assistance to combat the burdens induced by her

⁵⁰ Ibid, 46-47.

⁵¹ Ibid, 187.

⁵² Ibid, 27-28.

ignorance, and yet also castigate her on the grounds of her unenlightenment. In contrast, the *Maternity* letters serve to reconfigure the both the idealized notion of motherhood and the condemnation levelled at maternal ignorance. The letters indicate that working-class women were well aware of their lack of knowledge, but given the prevailing social, cultural and class norms which governed their lives, were unable to counteract this nescience. These contemporaneous delineations of motherhood reflect the ideological underpinnings of maternalism; I posit that in their arguments and discourse on birth control, the advocates of the American Birth Control League and the Society for Constructive Birth Control utilized similar ideologies emanating from the politics of maternalism.

Birth control, maternalism and the politics of motherhood

Birth control advocates in the two associations both created constructions of motherhood which served as a central trope in their arguments for augmented access to contraceptive services. Stopes and Sanger wrote extensively about the figure of the working-class mother, depicting the constant struggles faced by women whose health and happiness were destroyed by the inability to control their fertility and family size. Historians have presented different interpretations of maternalist politics and the nature of maternalist advocacy. Theda Skocpol has suggested that the nature of maternalism involved bringing domesticity into the political sphere.⁵³ In examining the politics of birth control, one could contend that in making the domestic realities of working-class maternal and family life evident, the campaigners for contraception belong to this sphere. Carole R McCann has termed maternalist agents 'welfare feminists', based on their activism for the provision of welfare

⁵³ See Skocpol, *Protecting Mothers & Soldiers*.

services.⁵⁴ However, advocates for birth control also perceived contraception as a welfare measure, indicated by the CBC support for the campaign during the 1920s to include contraceptive advice in the state-sponsored welfare centres.⁵⁵ The politics of motherhood served as a commanding weapon for reform activists during the early twentieth century; delineations of the maternal condition were constructed not only by maternalists but also eugenicists, physicians and feminists in the wider women's movement. Whilst the politics of maternalism took different forms between political, social and cultural environments, there were common connections between these movements for reform. Linda Gordon's thesis on maternalist politics indicates three shared threads which linked women's reform to the maternalist movement: a) the notion that poor women needed moral and spiritual help from reform advocates as well as financial support; b) female reformers had a biological capacity as women to provide 'public' nurturing; c) maternalist advocates focused upon the needs of children in their arguments for welfare provision.⁵⁶ I employ this hypothesis to examine the influence of maternalist politics upon the ideological and rhetorical construction of motherhood employed by the interwar advocates of contraception.

Advocates of both the CBC and the ABCL presented visions of motherhood in their discourse which articulated the condition in both a moral and a spiritual sense. As maternalists merged the language of science and spirituality in their constructions of scientific motherhood, birth control advocates fused the notion that the mystical powers of maternity could be preserved by the application of scientific, contraceptive knowledge. In

⁵⁴ Carole R McCann, *Birth Control Politics in the United States, 1916-1945* (Ithaca, 1994), 14.

⁵⁵ I examine the CBC campaign to include contraceptive services in maternity and child welfare centres more closely in chapter 4. See also Geraldine B Graham, 'Birth Control as a Welfare Measure,' *BCR*, 22, 9, June 1938, 100-01.

⁵⁶ Gordon, *Putting Children First*, 65.

her rhetoric on motherhood, Stopes suggested that poor women did need the moral guidance of reformers to help them overcome their burdens. Stopes employed the imagery of women's resort to abortion to suggest that their moral fibre was weakened in their desperation to avoid further pregnancies:

A generation or two ago, if a woman found herself having a child she did not want, and could not keep, she had not heard about birth control and did not know much about abortion. She had that child and probably it died a few months after its birth. But what they do today is that they will not bear it and now tens of thousands – I should say more likely hundreds of thousands – resort to methods of abortion every year for want of sound BC knowledge. For the women are desperate and say we cannot afford it; we will not bear children again and they take all sorts of drugs and pills. They ruin themselves by buying highly priced goods from scandalous, wicked firms who supply them and they do threefold mischief. They injure the child which is coming & they do not stop it coming. It comes, weakened, and with various kinks in its character that do not come out for some years. Sometimes they succeed in not having the child but through abortion injure themselves seriously.⁵⁷

In her treatise on maternity, *Radiant Motherhood*, Stopes evoked the terminology of sanctity in her construction of the mother figure, contending that 'the radiance of the highest form of motherhood is that of the transfigured saint, hallowed by suffering comprehended and endured, transmuted into a service beyond and above the lower desires of self.'⁵⁸ In her lectures and speeches, Stopes often alluded to the moral and spiritual suffering of 'slum' women, informing an audience in Cambridge in 1930 that 'if any of you can sleep at night and know that the motherhood of England is suffering as it does at present, I do urge you to do a little real slum work.'⁵⁹ The depictions of motherhood employed by the advocates of the ABCL also delineated the moral and spiritual qualities of maternity, suggesting in turn that the application of scientific contraceptive knowledge could serve to elevate poor women from the drudgery and despair engendered by unwanted pregnancies:

⁵⁷ Marie Stopes, 'Address on Ideals and Practice of Constructive Birth Control,' Cambridge, April 29 1930, BL MS Papers, Add MSS 58635.

⁵⁸ Marie Stopes, *Radiant Motherhood* (London, 1920), 29.

⁵⁹ Stopes, 'Address on Ideals and Practice of Constructive Birth Control.'

We want mothers to be fit. We want them to conceive in joy and gladness. We want them to carry their babies during the nine months in a sound and healthy body and with a happy, joyous, hopeful mind. It is almost impossible to imagine the suffering caused to women, the mental agony they endure, when their days and nights are haunted by the fear of undesired pregnancy.⁶⁰

In a speech to the New York State Legislature in April 1923, Sanger juxtaposed the idealized vision of maternal sanctification with the realities facing overwhelmed and overburdened mothers:

Talk about the sanctity of mother love, in many of these women it has not been developed, it has not a chance of being developed, and these women are asking just for a chance, as they say, to have a breathing spell so they are not overworked. They are overworked far more than the cattle of the State, because after all there are laws which will not allow breeders of animals to breed their cattle when they are diseased, but women of this State, women suffering from insanity, women whose husbands are insane, suffering from epilepsy, kidney disease, who to bear a child means practically death, yet they are compelled to bear children.⁶¹

In the ideological constructions of motherhood envisaged by both organizations, the spiritual and moral qualities inherent in the condition of maternity were depicted by reformers as being in jeopardy in the case of many poor women given the untenable burdens induced by undesired pregnancies. In seeking to provide such women with contraceptive services, the birth control advocates were offering poor mothers the assistance they required in both a moral and spiritual sense, as well as a physical one.

Gordon's hypothesis also postulates that maternalist reformers envisaged their activism as a 'public motherhood' by suggesting that women had a biological capacity towards nurturance. Whilst the campaigns for birth control clearly belong in the tradition of women's reform movements, there is little evidence that the campaigners for contraception represented their crusade within the same context as this specific aspect of maternalist identity. Birth control organizations served as a locus for female reform activism, but in

⁶⁰ ABCL, 'The ABC's of Birth Control,' 1923, MS LC Papers, Reel 128, Container 199.

⁶¹ Margaret Sanger, Statement on the Rosenman Bill, 10 April 1923, in Esther Katz (ed.) *The Selected Papers of Margaret Sanger: Volume 1: The Woman Rebel, 1900-1928* (Urbana, 2003).

contrast to the female domains in the settlement house movement and the federal Children's Bureau, the associations for birth control were operated by married women, with a male membership and forged close links with male authorities.⁶²

Gordon's final element of her hypothesis suggests that maternalists focused particular attention of the needs of the child, and envisaged support for the maternal figure as a means of ameliorating and uplifting the lives of infants and children. The advocates of maternalism, through campaigns for mothers' pensions and family allowances, attempted to provide direct assistance for the child by aiding the mother.⁶³ In contrast, those agitating for birth control believed that the widespread use of contraceptives amongst the poor and indigent would serve to restructure the social forces of society, by allowing families to have children when planned and desired. The two associations both envisioned enhancing the lives of children and frequently used this trope as a rhetorical tool in their arguments for birth control provision. The ABCL often framed their expostulations for birth control around the notion that it would serve the uplift the child as much as the mother. Sanger's keynote speech at the 1925 International Neo-Malthusian and Birth Control Conference was entitled 'The Children's Era', fusing together maternalism and eugenicist theory in urging that motherhood should be planned to ensure the health and welfare of the child:

We have got to fight for the health and happiness of the Unborn Child. And do that in a practical tangible way, we have got to free women from enforced enslaved maternity. There can be no hope for

⁶² The involvement of male experts in the birth control movement will be discussed more fully in chapter four. On maternalist vision of women's biological capacity to nurture, see Eileen Janes Yeo, 'Social Motherhood and the Sexual Communion of Labour in British Social Science, 1850-1950,' *Women's History Review*, 1, 1, 1992, 63-86; Mink, *The Wages of Motherhood*; Muncy, *Creating a Female Dominion in American Reform*, 36.

⁶³ On the campaigns for mothers' pensions, see Joanne L Goodwin, *Gender and the Politics of Welfare Reform: Mothers' Pensions in Chicago, 1911-1929* (Chicago, 1997); On campaign for family allowances see John Macnicol, *The Movement for Family Allowances, 1918-45: A Study in Social Policy Development* (London, 1980); Eleanor Rathbone, *The Case for Family Allowances* (London, 1940).

the future of civilisation, no certainly of racial salvation, until EVERY WOMAN can decide for herself whether she will or will not become a mother and WHEN AND HOW MANY CHILDREN she cares to bring into this world... We are not trying to establish a dictatorship over parents. We want to free women from enslaved and unwilling motherhood. We are fighting for the emancipation of the mothers of the world, of the children of the world, and the Children to be. We want to create a real century of the Child – to usher in a Children's era.⁶⁴

The League also contended, in its support of President Hoover's 'Children's Charter' in 1931, that the rights of the child were being forfeited because their families were unable to provide adequately for their offspring without access to contraception to allow them to practice family limitation:

... this program includes among its provisions for every child; 'the right to grow up in a family with an adequate standard of living and the security of a stable income as the surest safeguard against social handicaps' and 'full preparation for his birth, his mother receiving pre-natal, natal and post-natal care; and the establishment of such protective measures as will make childbearing safer' ... the realization of such rights for many children is seriously jeopardized when their number and needs in a family exceed the limitations of income, health and homemaking abilities of their parents; which limitations may be reduced by parental education, advice and aid for families with under-privileged children, and instructions where necessary in measures for family limitation.⁶⁵

The theme of the child was a prevalent motif in the rhetoric of the CBC. In Stopes' writings, she regularly made reference to the interconnections between the health of the mother and child, contending that it was the right of the child to be well born in a healthy environment:

What I teach is that every child come to a heritage of love; that no one should be born into this world except as the result of a thoughtful, serious intention to procreate a child in the best possible way, in the flower of their health, and love and beauty and strength of the young people who are deliberately conscious parents.⁶⁶

In applying Gordon's hypothesis on maternalism to the politics of birth control, it is evident that whilst the movement for birth control was a discrete campaign, there existed strong ideological connections in the theoretical configuration of the maternal figure between the two campaigns. I suggest that in two of three shared beliefs posited as belonging to the

⁶⁴ Margaret Sanger, 'The Children's Era,' 1926, ABCL Papers, Bms Am 2063. Emphasis in original.

⁶⁵ Resolution passed by the ABCL, 15 January 1931, 'Children's Charter,' MS LC Papers, Reel 27, 40, 0200.

⁶⁶ Marie Stopes, 'Roman Catholic Methods of Birth Control versus Clinic and Scientific Methods,' Manchester Free Trade Hall, Nov 22nd 1933, MS BL Papers, Add MSS 58635. See also Stopes, *Radiant Motherhood*.

maternalist tradition, the ideological arguments of the two birth control associations reflect an affinity with this heritage.

The maternalist tradition exerted a powerful influence over contemporaneous constructions of motherhood, extending beyond its immediate sphere to structure notions of maternity and the importance of the child in both Britain and the United States. In both contexts, the maternalist movement took on a divergent form, but shared several key ideologies underpinning their maternalist vision. In the rhetoric and discourse the two birth control associations configured, the maternalist influence in shaping the maternal figure is strikingly evident. Whilst the two movements were disparate, and focused their reform endeavours in different directions, it is my contention, that in the rhetoric of birth control, we can see an ideological connection to maternalist politics in the sanctification of the maternal figure. Sharing a belief in the application of scientific knowledge to improve motherhood, the contraceptive campaigners positioned their interpretations of maternity within the parameters of maternalist influence.

Chapter 2: Saving the Race, Saving the Family: Eugenics, social work and configurations of motherhood in birth control campaigns

Birth control advocates were influenced by an array of contemporaneous ideologies in their construction of motherhood, the family unit and the forces governing social behaviour during the interwar decades. The excessive fertility of the unfit was a powerful motif in these years, and birth control campaigners in both Britain and the United States employed the rhetoric of degeneration and the dysgenic to align their movement with the commanding coalition of eugenicists. Notions of gender, class and race fostered by eugenicist thinkers had disseminated throughout coeval society, influencing ideological interpretations far beyond their original elitist sphere. Eugenics also conveyed a moral authority and respectability in its privileged membership of scientists which appealed to birth control advocates seeking to reconfigure their movement's past associations with radicalism. In the context of the United States, the burgeoning development of social work during the early decades of the twentieth century encouraged the leadership of the American Birth Control League to forge closer links with this group of professionals. The practice of case work brought the social worker into contact with the potential client for birth control service, offering assistance and solutions to help ameliorate the burdens of family life. The social worker thus represented a vital ally in disseminating knowledge of contraceptive treatments to the indigent and dysgenic. It is my contention that in both cases, and in both national contexts, the two associations employed the ideology and rhetoric of eugenics, and in the American case, social work, to disseminate further their vision of birth control. Whilst ideological links clearly existed between the movements for birth control and eugenics, the elitism and authority of the latter grouping encouraged the two

associations to seek closer ties in order to substantiate their claims to respectability and authority. In both cases, the links between birth control advocates and adherents to eugenics and social work practice were, at least in part, impelled by the politics of pragmatism.

In this chapter, I examine the interconnections between the Anglo-American eugenics movement and the two associations, analysing the scope and shape of the eugenics crusade in the early twentieth century, its theoretical underpinnings and constructions of deficiency and deterioration. I also assess the eugenicist interpretation of birth control practice, before analysing the influence of eugenics in the two groups' configurations of birth control. The burgeoning association between members of the social work profession and the ABCL during the 1930s configured new interpretations of birth control as a welfare practice. I examine the contemporary transitions in social case work and its involvement with the poor which fostered these new ties, together with the emerging construction of contraception as an appropriate tool in the provision of social welfare administered by case workers.

Saving the Race: Birth Control and Eugenics

In their campaigns for contraceptive dissemination, the American Birth Control League and the Society for Constructive Birth Control both advanced ideologies and rhetorical interpretations which drew strongly on contemporary eugenicist thought. Both Margaret Sanger and Marie Stopes sought to encourage the involvement and association of leading eugenicists with the campaign for birth control. In both national contexts, the organization delineated eugenicist thought which corresponded closely with the prevailing interpretation of Galtonian theory in their respective nations. The American eugenics movement fixated upon the doctrine of negative eugenics, seeking to eliminate the births of the dysgenic from

further polluting the stock of the American race. The ABCL particularly employed the language and creed of the dysgenic menace in its eugenicist interpretations. In contrast, the British eugenics movement adhered to the principles of positive eugenics, which strove to encourage suitable births amongst the higher orders in society. In accordance, the CBC advocated the cause of 'babies in the right places', exhorting planned families amongst the better classes, and the prevention of excessive dysgenic reproduction amongst the working-classes.

The extant historiography of the eugenics movement in Britain and the United States has surveyed both the organizational history in both nations, and the wider political currents which shaped the crusade during the interwar decades. Richard A. Soloway has written extensively on the eugenicist quest in early twentieth century Britain. Soloway contends that in spite of the predominant contemporaneous rhetoric of imperialism, the middle-class reformers of the Eugenics Education Society centred their concerns upon the national, rather than imperial, context of hereditarianism:

The Eugenics Education Society was in many ways the organized articulation of neo-Darwinian, educated, middle-class anxieties about the future. The prominent and not so prominent people who joined the new group saw themselves as the vanguard of a propagandist movement that could bridge the gap between the new science of heredity and popular assumptions and beliefs about what made individuals, and, more important, classes different from each other.¹

Pauline MH Mazumdar has also examined the activities of the Eugenics Education Society, considering its associations with other contemporary movements for reform. Suggesting

¹ Richard A Soloway, *Demography and Degeneration: Eugenics and the declining birthrate in twentieth century Britain* (Chapel Hill, 1990), 37; also see Richard A Soloway, 'Counting the Degenerates: The Statistics of Race Deterioration in Edwardian England', *Journal of Contemporary History*, 17, 1982, 137-164; Richard A Soloway, 'The "Perfect Contraceptive": Eugenics and Birth Control Research in Britain and America in the Interwar Years', *Journal of Contemporary History*, 30, 1995, 637-664.

that whilst these networks had many interconnections in terms of personnel and their ideological constructions of pauperism:

The Eugenics Education Society undercut them all by proposing that pauperism was biological, and that a hereditary defect underlay all the rest. This opinion was echoed by those who thought that alcoholism, too, was constitutional, and that both alcoholism and syphilis could affect the germ plasm and produce degenerative change. To the eugenicist, class lost its fluid sociological connection with property, income, status or power, and acquired the meaning of a permanent biological subtype. The lowest class or residuum was a degenerate subspecies whose differentia were low social worth, low intelligence and high fertility, as well as those seemingly social diseases, alcoholism, venereal disease and ineducability. It was on the linked problems of feeble mindedness and differential fertility that the Society focused its efforts.²

In a series of articles, John Macnicol has considered the non-fulfilment of the campaign for voluntary sterilization pursued by the Eugenics Society in Britain during the 1930s. Macnicol has argued that the internal conflict and discord upon the question dividing the association – some advocates supported the concept of sterilization, others argued for institutionalization – left the project doomed to failure:

The campaign for voluntary sterilization thus reveals much about the eugenics movement in Britain between the wars. It illustrates those aspects of eugenics that have been discussed already by historians – its appeal to diverse interest groups on many different levels, its formation of ‘unnatural’ alliances with other ideologies, the elusiveness of its meaning for contemporaries ... It rested on a case that contained too many inherent weaknesses – notably on the issue of whether mental deficiency was primarily inherited – to survive at a time when several sub-disciplines within science were struggling to attain legitimacy.³

Daniel Kevles’ 1985 comparative text *In the Name of Eugenics* reconfigured the nature of historical scholarship upon the eugenics movement. Kevles established, employing the designations of ‘mainline’ and ‘reform’ eugenics, a clear distinction between the early twentieth century adherents of the eugenicist creed, such as Leonard Darwin and Charles B Davenport, with the later proponents who came to the fore in the movement during the interwar decades. The earlier ‘mainline’ position was characterized by its combination of

² Pauline MH Mazumdar, *Eugenics, Human Genetics and Human Failings: The Eugenics Society, its sources and its critics in Britain* (London, 1992), 56-57.

³ John Macnicol, ‘Eugenics and the Campaign for Voluntary Sterilization in Britain Between the Wars’, *Social History of Medicine*, 1989, 168; also John Macnicol, ‘The Voluntary Sterilization Campaign in Britain, 1918-1939’, *Journal of the History of Sexuality*, 2, 3, 1992, pp?

lay advocates and lack of scientific substantiation; the latter 'reform' movement witnessed the augmented participation of a coalition of professionals, critiquing scientists and other academics:

The eugenics movement enabled middle- and upper-middle-class British and Americans to carve out a locus of power for themselves between the captains of industry on one side and lower-income groups – both native and foreign-born- on the other. Socialist, progressive, liberal, and conservative eugenicists may have disagreed about the kind of society they wished to achieve, but they were united in a belief that the biological expertise they commanded should determine the essential human issues of the new urban, industrial order.⁴

Historian Wendy Kline has examined the construction of gender ideologies in eugenicist theory. Kline posits that as white female fertility became a pertinent issue during the early decades of the twentieth century, the eugenic construction of motherhood grew in stature in contemporary debates on gender. Kline also postulates that, rather than falling into decline during the 1930s as the eugenicist activities of National Socialism were increasingly known, in fact eugenicist control over reproductive behaviour strengthened through its employment as a family welfare strategy:

Eugenicists popularized a doctrine of reproductive morality that countered selfish individualism with a social responsibility. They transformed the politics of reproduction from a private matter of personal liberty to a public issue of racial health and...convinced the public that sacrificing reproductive freedom for the sake of stabilizing the American family was well worth it. In this sense, eugenic sterilization became the social security of American civilization: it guaranteed a healthy and stable future citizenry.⁵

Michael Anne Sullivan has addressed the employment of eugenicist policies by public health care professionals in the United States, contending that through the use of eugenic sterilization, transgressive female sexuality was controlled, reinforcing prevailing sexual and reproductive norms:

⁴ Daniel J Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (New York, 1985), 76. Kevles' terms 'mainline' and 'reform' have become the common terminology used by scholars of eugenics to designate the movement's development. I will utilize them to identify eugenicists and theories belonging to the two schools of thought.

⁵ Wendy Kline, *Building a Better Race: Gender, Sexuality and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley, 2001), 98.

Sterilization reformers and practitioners often sought to 'improve the race' by policing the morals, sexuality, and reproductive habits of women, and, to a lesser extent, the habits of men regardless of their race or ethnicity ... Eugenists and sterilization reformers did re-affirm a heterosexual middle class imperative in the realm of sexuality and reproduction. Those individuals who could not conform to this sexual and reproductive ideal literally and figuratively had it re-inscribed on their bodies.⁶

The Eugenics Movement

The advocates of eugenics sought to restructure the shape of contemporary society in the late nineteenth and early twentieth centuries. The eugenicist creed, which owed much to the principles of Social Darwinism and the application of natural selection theories to human behaviour, emanated from the ideas of Francis Galton, a scientist and cousin of Darwin, who first coined the term in 1883, from the Greek denoting 'good in birth.'⁷ Galton offered his own interpretation of the ideology, contending that

Eugenics is the science which deals with all influences that improve the inborn qualities of a race; also with those that develop them to the utmost advantage.⁸

Adherents of eugenics were divided between two interpretations of the movement. Some, including Galton, favoured the practice of positive eugenics – the encouragement of the most desirable stocks to reproduce their kind to a greater extent than lesser mortals; others adhered to the principle of negative eugenics, which strove to prohibit the fit of the biologically or hereditarily inferior:

Positive eugenics strives to improve racial quality on the one hand by increasing breeding and offspring among the eugenic element, and on the other negative eugenics by diminishing breeding and offspring among the dysgenic element. The eugenic element of the population includes that portion which is able to exert the greater amount of physical and mental energy...and through a superior moral, temperamental and intellectual endowment to make the greater contribution to the understanding of human life conditions, to cultural progress and to general racial improvement.⁹

Eugenics associations by their very nature were elitist institutions. The Eugenics Education Society, the home of the movement in Britain, was founded in 1907 at the instigation of

⁶ Michael Anne Sullivan, 'Healing Bodies and Saving the Race: Women, Public Health, Eugenics and Sexuality 1890-1950', PhD thesis, University of New Mexico, 2001, 236-7.

⁷ Lucy Bland, *Banishing the Beast: English Feminism and Sexual Morality, 1885-1914* (London, 1995), 222.

⁸ Francis Galton, 'Eugenics, Its Scope and Aims,' *The American Journal of Sociology*, 10, 1, July 1904, 1

⁹ Henry Fairfield Osborn, 'Birth Selection Versus Birth Control,' *Science*, 76, 1965, 26 August 1932, 175.

Sybil Gotto, a widow of twenty-one. Members of the reform community were instrumental in its establishment, including supporters of the Sociological Society and the Moral Education League.¹⁰ The EES inevitably remained a small-scale grouping; the society had a peak of 713 members in 1913. Led by Leonard Darwin, the son of Charles and Galton's cousin, the EES adhered to the creed of positive eugenics, as depicted by Darwin in his 1920 statement to the National Council of Public Morals:

You ask me how it is possible to try to promote parenthood in good homes and check it in bad homes. This must mainly be a moral campaign. As to the output of children in good homes, we must endeavour to show people that it is their duty, if they are healthy and fit, not to unduly limit their families.¹¹

A number of eugenicist organizations emerged in the early twentieth century United States, including the research laboratory of the Eugenic Record Office, based at Cold Spring Harbor in New York. Supported by the Carnegie Institution, the research facility was headed by Charles Benedict Davenport, a Harvard trained biologist. Christine Rosen argues that, despite his failings as an uncritical scientist:

More than any other American scientist he was responsible for turning a relatively obscure British theory about human heredity into a successful US scientific and reform enterprise. Moreover, he was blessed with a peculiar ability to convince potential patrons that the eugenics movement was in dire need of their munificence.¹²

The eugenicist elite also established the Galton Society in 1918, a grouping of prominent advocates including Davenport, his disciple Harry H Laughlin, a proponent of eugenic sterilization, and Madison Grant, author of *The Passing of the Great Race*, a zealous treatise on the failure of the 'melting pot', and the racial inferiorities of Jews and Catholics.¹³ Formed in 1921 before the 2nd International Congress of Eugenics in New

¹⁰ Bland, *Banishing the Beast*, 227.

¹¹ Leonard Darwin, Statement to National Council of Public Morals, *Problems of Population and Parenthood* (London, 1920), 129.

¹² Christine Rosen, *Preaching Eugenics: Religious Leaders and the American Eugenics Movement* (Oxford, 2004) 35.

¹³ Philip R Reilly, *The Surgical Solution: A History of Involuntary Sterilization in the United States* (Baltimore, 1991) 66; Rosen, *Preaching Eugenics*, 97-98.

York City, the American Eugenics Society became the leading association in the movement. It, too, remained a small-scale enterprise, attracting a peak of 1200 members by 1930; facing financial difficulties during the 1930s, it was saved by the initiative of Frederick Osborn, the scion of a wealthy New York banking clan.¹⁴ Osborn strove to reposition the society from its earlier leanings towards racism (as had characterized the entire 'mainline' movement) towards a reformist position that developed ties with birth control activists and social reform associations. Edmund Ramsden contends that

Osborn was building a broader eugenic program upon what he perceived to be a common interest among eugenicists and demographers in researching, predicting, and controlling the social determinants of fertility behaviour so as to reduce fertility differentials between social groups.¹⁵

The movements in Britain and the United States diverged in their interpretations of eugenicist theory, and its connection to race and class concepts. The 'mainline' reformers of the early twentieth century, led by Davenport, were convinced by the theory of 'germ plasm,' Davenport's own term to describe the hereditarian principle wherein genetic aptitude was passed between the generations.¹⁶ American eugenicists believed that the hereditarian inheritance of germ plasm explicated the occurrence of mental deficiency, feeble-mindedness, criminality and pauperism amongst the national stock. Only by eradicating these elements from society could the race advance. In the British context, the problem of the differential fertility rate – the middle- and upper-classes had curtailed their childbearing, leaving the fecund working-classes to replenish the race – and fears that Britain's imperial power was being duly eroded by the increasing weakness of its national

¹⁴ Rosen, *Preaching Eugenics*, 133; Kevles, *In the Name of Eugenics*, 170.

¹⁵ Edmund Ramsden, 'Social Demography & Eugenics in the Interwar United States', *Population & Development Review*, 29, 4, Dec 2003, 559.

¹⁶ Daniel J Kevles, 'Eugenics in North America', in Robert A Peel (ed.), *Essays in the History of Eugenics: Proceedings of a Conference organised by the Galton Institute, London, 1997* (London, 1998), 208; Sanger describes Charles Davenport's reverence for 'protoplasm' – 'Professor Davenport used to lift his eyes reverently and, with his hands upraised as though in supplication, quiver emotionally as he breathed, 'Protoplasm. We want more protoplasm.' Margaret Sanger, *An Autobiography*, (New York, 1938), 374.

fibre. As Kevles contends, 'British eugenics was marked by a hostility decidedly more of class than of race.'¹⁷

Eugenicists were also drawn from all sides of the political spectrum during the early twentieth century, uniting progressives, socialists, liberals and conservatives in an alliance to improve the race. British eugenics attracted socialists and progressives including Sidney and Beatrice Webb, the sexologist Havelock Ellis and HG Wells.¹⁸ The socialist Eden Paul, writing in 1917, contended that the eugenic vision was central to socialist ideology, urging 'unless the socialist is a eugenicist as well, the socialist state will speedily perish from racial degradation.'¹⁹ The movement had a strong appeal to women: in 1914 nearly half the membership of the EES were female, a figure that began to decline as the movement shifted from a lay membership towards a professional identity.²⁰ In the United States, the Eugenics Record Office schooled classes predominantly comprising female students in the discipline of eugenicist field work between 1910 and 1924; however, upon graduation, the newly qualified researchers were often overlooked for positions within the research facility, in the face of male competition. Many went on to apply their training to research in prisons, institutions and hospitals.²¹ In spite of its repressive interpretations of hereditarianism, the eugenics movement in the early twentieth century merged a broad coalition of thinkers, scientists, reformers and attracted a large female membership. Its advocates and enthusiasts

¹⁷ Kevles, *In the Name of Eugenics*, 76.

¹⁸ Diane Paul, 'Eugenics and the Left', *Journal of the History of Ideas*, 45, 4, Oct-Dec 1984, 570.

¹⁹ Eden Paul, 'Eugenics, Birth Control and Socialism' in Eden & Cedar Paul (eds.) *Population & Birth Control* (New York, 1917).

²⁰ Greta Jones, 'Women and Eugenics in Britain: the Case of Mary Scharlieb, Elizabeth Sloan Chessier, and Stella Browne', *Annals of Science*, 51, 1995, 482.

²¹ Amy Sue Bix, 'Experiences and Voices of Eugenics Field Workers: 'Women's Work' in Biology', *Social Studies of Science*, 27, 4, August 1997, 625-668.

were individuals of prominence and authority; its biological interpretations of mental deficiency compelling for many contemporaries.

Categorising mental deficiency

The menace of mental deficiency was a powerful motif in early twentieth century social reform movements; extending beyond the eugenicist sphere, fears of the feeble-minded and idiotic shaped contemporary discourse on the threat of degeneration and deviance in society. The categorization of the mentally deficient in eugenic discourse remained open to interpretation.²² The Mental Deficiency Act of 1913 in Britain distinguished between four discrete forms – the idiot, the imbecile, the feeble-minded, and the moral imbecile.²³ The trope of the feeble-minded was the key category for eugenicists. Believing the idiot and the imbecile to be sterile (and usually institutionalized), the feeble-minded figure, particularly the female, represented the racial menace:

If the feeble-minded produce larger families than normals, the increase must be among the morons and border-line groups, since idiots and many imbeciles are sterile. It seems likely to some students that so far as the feeble-minded are concerned, the reproductive rate for all feeble-minded may not be higher than for the normal population, but that the reproductive rate for morons is considerably higher. At any rate, it is the morons who create our acute community problems, as the other two groups are more frequently institutionalised.²⁴

Categorizations of deficiency were shaped around the notion of the hereditarian law of inheritance, as delineated in the Mendelian genetic theory predominant in the early twentieth century. The principles of hereditarian inheritance meant that individual criminality, pauperism, ill health and mental degeneration were the result of a weak

²² Desmond King, *In the Name of Liberalism: Illiberal Social Policy in the USA and Britain* (Oxford, 1999) 70.

²³ Ibid.

²⁴ Helen I Clarke, *Social Legislation: American Laws Dealing with Family, Child and Dependent* (New York, 1940), 185.

heredity, rather than any wider societal failings or environmental factors.²⁵ American eugenicists were particularly influenced by the theories of Mendel, arguing that environmental uplift could not nullify the impact of hereditarian degeneracy:

In the US we are slowly waking to the consciousness that education and environment do not fundamentally alter racial values. We are engaged in a serious struggle to maintain our historic republican institutions through barring the entrance of those who are unfit to share the duties and responsibilities of our well-founded government. The true spirit of American democracy that *all men are born with equal rights and duties* has been confused with the political sophistry that *all men are born with equal character and ability to govern themselves and others*, and with the educational sophistry that education and environment will offset the handicap of heredity.²⁶

The eugenicist and birth control

Throughout the interwar decades, the relationship between advocates of eugenics and the birth control movement proved complicated and inconsistent. Many eugenicists perceived the procedure of sterilization to be the most preferable method of preventing dysgenic reproduction. In the United States, the Progressive era witnessed a raft of state legislatures enacting sterilization laws. California, in particular, proved particularly dedicated to sterilizing its dysgenic citizenry – more than 20,000 sterilizations were conducted in that state, comprising of more than one-third of the entire national figure, between the early 1900s and the 1960s.²⁷ In contrast, support for voluntary sterilization measures in Britain struggled in the face of strong political and public opposition; in spite of the establishment of a Departmental Committee in 1932, no legislation was ever enacted. In the American context, support for the constitutionality of sterilization law was affirmed in the tragic case of *Buck v. Bell*, a historic ruling in 1927, in which the Supreme Court upheld the right of the state of Virginia to conduct forced sterilization procedures on institutionalized

²⁵ Johanna Schoen, *A Great Thing for Poor Folks: Birth Control, Sterilization, and Abortion in Public Health and Welfare in the Twentieth Century*, PhD 1995, University of North Carolina, Chapel Hill, 29.

²⁶ Henry Fairfield Osborn, 'The Second International Congress of Eugenics Address of Welcome', *Science*, 54, 1397, October 7 1921, 312.

²⁷ Alexandra Minna Stern, *Eugenic Nation: Faults and Frontiers of Better Breed in Modern America* (Berkeley, 2005), 83.

individuals. A poor, unmarried Virginia woman, with an institutionalized mother, Carrie Buck was committed to the Virginia State Colony for the Epileptic and Feeble-minded after giving birth to an illegitimate child (as the result of a likely rape by a cousin).²⁸ The superintendent of the Colony selected Buck to be sterilized against her will; the case went before the Supreme Court, in which the Chief Justice Oliver Wendell Holmes ruled in favour of the State to legally prohibit the reproduction of the feeble-minded:

We have seen more than once that public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the State for these lesser sacrifices, often not felt to be such by those concerned, in order to prevent ourselves being swamped with incompetence. It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind. The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes... Three generations of imbeciles are enough.²⁹

Sterilization advocates suggested that the measure should be enacted against all individuals who posed a hereditary risk. The sterilization proponent Harry H Laughlin authored the textbook *Eugenical Sterilization in the United States* in 1922, proposing that each State should appoint an official eugenicist to seek out the unfit – including those not institutionalized – and recommend them for sterilization, including ‘all persons in the State, who, because of degenerate or defective hereditary qualities are potential parents of socially inadequate offspring, regardless of whether such persons be in the population at large or inmates of custodial institutions, regardless also of the personality, sex, age, marital condition, race or possessions of such person.’³⁰

²⁸ Lisa Lindquist Dorr, ‘Arm in Arm: Gender, Eugenics, and Virginia’s Racial Integrity Acts of the 1920s,’ *Journal of Women’s History*, 11, 1, Spring 1999, 150; Sullivan, ‘Healing Bodies and Saving the Race,’ 211.

²⁹ Oliver Wendell Holmes, cited in Sullivan, ‘Healing Bodies and Saving the Race,’ 211.

³⁰ Harry H Laughlin, *Eugenical Sterilization in the United States* (Chicago, 1922), 446; 448.

Eugenicists remained uncertain over the question of birth control as a means of prohibiting reproduction of the degenerate, however. Many eugenicists held the view that birth control was a dysgenic practice, contending that only the fittest stocks would employ the measure, reducing their number furthermore, whilst the diseased, criminal and deficient could not be trusted to utilize the practice without the likelihood of failure and an augmented dysgenic birth rate:

Birth control, primarily to prevent the overpopulation of the unfittest or dysgenic, may prove to be a two-edged sword eliminating alike the fittest and unfittest. Whatever its benefits in limiting the unfittest, birth control is always in danger still more of limiting the fittest and thus becoming positively dysgenic or against the interests of the race as a whole.³¹

The eugenicist elite also distrusted the commitment of birth control advocates to their racial crusade. An ideological, rather than a practical movement, the predominantly male hierarchy of leading eugenicists constructed discourse and debated categorizations; the birth control movement chiefly consisted of female members agitating and propagandizing. Whereas birth control advocates were proposing a method that had the potentiality to reduce dysgenic fertility; eugenicist attempts to extend voluntary and coerced sterilizations to prohibit reproduction could only result in a limited reduction of the dysgenic. 'Mainline' eugenicist advocates, in particular, doubted the ability of birth control to be used by the unfit. Harry H Laughlin, a 'mainline' proponent, made clear their stance on birth control to Margaret Sanger in 1923:

Let me take this opportunity to say that in order to attract to the present birth control movement, which is so well organized in the US, the support of persons whose primary interest is eugenics, it would be necessary to make it much clearer in future policy and propaganda that the purpose of birth control is eugenical – that is to say, its activities must be directed toward a differential birth rate in reference not only to maternal health and economic condition, but also should demand a higher birth rate among persons best endowed by nature with fine mental, physical, and moral qualities, and, at the same time, to forbid and positively prevent reproduction by the defective and degenerate family stocks. Would it not be possible in the future to emphasize more strongly this possible eugenical feature of birth control?³²

³¹ Henry Fairfield Osborn, 'Birth Selection Versus Birth Control,' *Science*, 76, 1965, 26 August 1932, 175.

³² Harry H Laughlin to Margaret Sanger, 24 March 1923, MS Collected Papers, Reel CO2, 222. See also Harry H. Laughlin, 'Eugenists on the Place of Birth Control: The Two Aspects of Control,' *BCR*, Jan 1926,

In both nations, those in the reform camp of eugenic thought made increasing attempts to forge closer associations with the movement for organized birth control. CP Blacker, secretary of the Eugenics Society during the 1930s, made particular efforts to heal the breach between the two movements. In a speech to the ES in March 1927, Blacker urged the Society to consider the birth control question, arguing 'in favour of birth control knowledge being available for the poor, but towards the end of it, he explicitly stated that he thought that all birth control propaganda ought to be made criminal in this country, and that only doctors should be permitted to hand out knowledge to those who came to them as patients. All propaganda, all circulation of books on the subject, and all sales should be made illegal and criminal.'³³ Blacker's arguments did not find favour with the ES hierarchy – the chairman ruled that 'the meeting was convened to consider the means of eliminating the unfit types from the human stock, and that he would not permit the subject of birth control to come into the discussion.'³⁴

Frederick Osborn, head of the AES, and a fellow reformer, also pondered the possibility of closer ties to organized birth control. Osborn argued that by increasing contraceptive provision, and extending birth control access to the most unsuited for parenthood, the contemporaneous differential fertility rates would inevitably be counterbalanced:

... in most of our cities at present the more active and competent couples in all classes of society are able to secure contraceptive services, and the least competent people find the process too difficult. A eugenic motivation cannot be effective in limiting births among people to whom birth control is not available. Indeed, there is every reason to suspect a dysgenic result from the present unequal availability

10, 1, 7. Laughlin argued that '... while both eugenics and birth control are striving for national betterment, I feel that eugenics has the sounder foundation because it is primarily biological instead of economic.'

³³ Eugenics Society, Lecture by Dr Blacker, BL MS Papers, Add MSS 58644.

³⁴ Ibid.

of contraceptives. This would not be the case if equal opportunity to restrict the size of their families were offered to either all married couples or to none.³⁵

Eugenicists were also deliberating on the eugenic potential of the birth control clinic. Some viewed their practice as eugenic in focusing upon the fertile indigent; others saw the likely dysgenic result as those 'possessing foresight and intelligence' amongst the skilled and professional groups embraced the practice, leaving the dysgenic poor to carry on reproducing unencumbered. The limitations of the birth control centre were also addressed, given their inability 'to reach the feeble-minded, the insane and epileptic, the chronic paupers, and persistent leaners upon the State.'³⁶ For the majority of eugenicists during these decades, the birth control movement was a female-led group of agitators, adhering to an unscientific and emotional creed. Eugenicists did not believe that the degenerate and diseased could be trusted to implement a practice for which control lay in their own hands. In contrast, the practice of eugenic sterilization made sure that the eugenicist dictated who was allowed to reproduce. For many advocates of eugenic thought, the gulf between the two movements remained vast and immovable.

The birth control movement and eugenics

The ABCL and the CBC both employed the rhetoric and ideology of eugenics in their demands for the provision of contraceptive knowledge. In constructing this framework to further their advocacy, the two associations were employing a powerful and scientific theory to support their vision of improved health and racial fitness. Whilst both organizations utilized the creed of eugenics in their campaigns, each group adhered to the

³⁵ Frederick Osborn, 'The Comprehensive Program of Eugenics and Its Social Implications,' *Living*, 1, 2/3, May-Aug 1939, 35.

³⁶ Norman E Himes, 'British Birth Control Clinics: Some Results and Eugenic Aspects of their work', *Eugenics Review*, xx, 3, 1929, 157.

prevailing stance followed by the organized eugenics crusade in their respective nations. The CBC, in its own idea of 'constructive birth control' employed the terminology of both negative and positive forms of eugenic practice. Stopes and her colleagues shaped their interpretation of birth control around the notion that babies should be born in the right place, when truly wanted and desired, in a home which possessed adequate means to provide a happy, healthy childhood. The Society also employed the language of Empire and 'the race' in its advocacy. Stopes insisted that whilst wishing to reduce the birth of the dysgenic in society, the CBC were

... not merely crude BC reformers, we are not just out to reduce the population but to use BC to improve the Race, and we are essentially a pro-baby, pro-racial organization. We are that first and foremost, we advocate BC in the interests of the Mother, in the interests of the Father, the Child and the Race. We therefore have a constructive policy which is the great thing to bear in mind.³⁷

As Jane Lewis suggests, the CBC was the first association in the British birth control movement to link together the health and welfare of the family, with the wider concerns of the race:

Stopes was the first English birth controller to make the connection between birth control as a way of safeguarding the health of the individual and as a means of promoting racial improvement central to the argument of contraception. Birth control was as she put it: 'the advocacy of untrammelled physiological control in the interests of the race.'³⁸

The ABCL took a different approach to the question – Sanger had long doubted the ideology of positive eugenics, claiming that it represented a 'cradle competition' between the fit and unfit in society.³⁹ She contended that 'race suicide is an idle cry, a theory as fallacious as it is mischievous. To those who are crying for larger and larger populations, I often suggest the advocacy of polygamy,' adhering instead to the visions of negative

³⁷ Marie Stopes, Lecture, 1922, BL MS Papers, Add MSS 58635.

³⁸ Jane Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939* (London, 1980), 205.

³⁹ Margaret Sanger, *The Pivot of Civilization*, 208.

eugenics predominant in American reform theory.⁴⁰ Carole R McCann has argued that eugenics offered Sanger and the ABCL a means of constructing the right to contraception using its powerful rhetoric and scientific underpinnings:

As a reputable science, eugenics provided the birth control movement with an authoritative language through which to legitimate women's rights to contraception. By situating birth control within the eugenic terrain of racial betterment, Sanger appropriated the authority and prestige of eugenics to birth control as a tool of racial health.⁴¹

In both organizations, the invocation of the eugenicist rhetoric in debates on racial health and fitness bestowed a moral dimension and a sense of righteous authority upon the birth control initiative. Indeed, the campaigners' interpretations of racial health and fitness often suggested that the claims of the individual were lesser than the wider racial concerns. In advocating contraception to ameliorate both the health of the individual and the health of the nation, the campaign gained a new level of respectability, shifting away from its radical roots and past connotations with obscenity and vice. By conceptualizing contraception as a scientific technique for the racial good, the reformers in the CBC and ABCL were striving to associate their initiative with a scientific discipline which, held in great respect by contemporaries, coalesced prominent and powerful individuals in its ranks. In this context, it is possible to adduce that the association with eugenics brought not only an ideological underpinning to birth control politics, but in serving to foster connections with authoritative individuals, there were both ideological and pragmatic motivations behind the impetus to connect with organized eugenics.

⁴⁰ Margaret Sanger, 'The Need of Birth Control in America,' in Adolf Meyer (ed.), *Birth Control: Facts and Responsibilities* (Baltimore, Williams and Wilkins, 1925), 37.

⁴¹ Carole R McCann, *Birth Control Politics in the United States, 1916-1945* (Ithaca, 1994), 100.

Both organizations drew upon the terminology of eugenic sterilization in their birth control advocacy, committing their support of this practice in the case of those who were too incapable, as a result of imbecility or feeble-mindedness, to employ a birth control technique with any accuracy or regularity. Employing the suggestion of eugenic sterilization was a common thread amongst contemporaneous birth control supporters; Sanger and Stopes and their colleagues were not alone in advocating the surgical solution to dysgenic fertility. The physician and contraceptive activist, Norman Haire, writing in 1923, claimed that ‘the time will come when all but the very lowest intellectual grades will be using birth control, and that then the great majority will say to the small minority, “if you are too stupid or too lazy to use contraceptives in the interest of society, then society compels you to submit to sterilization, so that you may no longer contaminate the race.”’⁴² Norman Himes, an American sociologist with close ties to both birth control and eugenics in the interwar decades, suggested that even if there existed no truth in connection between social inadequacy and hereditary inheritance, ‘defectives do not make good parents. Therefore, they should not reproduce for social as well as biological reasons.’⁴³

Stopes juxtaposed the figure of the ‘intelligent and careful woman’ with the image of the ‘careless, stupid or feeble-minded’ mother who produced infants of no value to the race – naturally, ‘the right course seems to be sterilization.’⁴⁴ Sanger suggested that the feeble-minded amongst the ‘hereditary type’ should be segregated and duly sterilized during her reproductive period. Without such repressive intervention, the only certain outcome

⁴² Norman Haire, ‘Contraceptive Technique: A Consideration of 1,400 Cases,’ *The Practitioner*, July 1923, 88

⁴³ Norman Himes, cited in Clarke, *Social Legislation*, 199.

⁴⁴ Marie Stopes, *Wise Parenthood* (London, 1918), 42.

would be the continuation of imbecility and defectiveness.⁴⁵ In a letter to a physician correspondent in 1923, Sanger professed her support for sterilization measures and condemned the failure of the organized eugenics movement to implement the necessary legislative action to initiate such measures:

...it has been a great surprise to me, during the past several years to find, that neither the medical societies throughout the country nor even the Eugenic Society – both with unlimited means for the enactment of such legislation, have failed utterly to encourage sterilization of the unfit or to educate the public that it should be done.⁴⁶

In spite of her support for the principles of negative eugenics, Sanger did not adhere to the virulent racism characterizing American eugenicist thought in the 'mainline' era. Writing to the sociologist Norman Himes regarding the contracepting behaviour of African-American women attending the BCCRB affiliated clinic in Harlem, she acknowledged that:

I am in entire accord with your judgment that; 'whatever differences exist between the races are a consequence not of racial circumstances but of such social factors as differences in intelligence, home conditions, intensity of the desire to apply contraceptive knowledge, effectively, etc.'⁴⁷

In contrast, many prominent proponents of eugenics, with whom the ABCL sought closer ties, configured vitriolic interpretations of the racial qualities of the immigrant and the non-white American. The leading eugenicists Paul Popenoe and Roswell Johnson, writing in 1926, alleged that 'if the number of original contributions which it has made to the world's civilization is a fair criterion of the relative value of a race, then the Negro race must be placed very near zero on the scale.'⁴⁸ Lothrop Stoddard, who sat on the National Council of the ABCL, authored a number of works in the early 1920s predicting 'unmitigated disaster'

⁴⁵ Sanger, *Pivot of Civilization*, 207.

⁴⁶ Margaret Sanger to Dr Ross DA Gunn, Oct 8 1923, MS Collected Papers, Reel CO2, 765.

⁴⁷ Margaret Sanger to Norman E Himes, 10 Jan 1933, MS Collected Papers, Reel CO5, 475. Given the racially homogenous nature of British society, it is difficult to draw a comparison with the assumptions of Stopes and the CBC here. However, in her textbook *Contraception*, Stopes posits assumptions regarding the physiological make-up of Jewish women which surely have some basis in racism. 'It is interesting to note that the Jewish women of the slum quarters of east London appear to have cervixes much larger than those normal among more typically British stocks, and there is an extra very large size of cervical occlusive cap which was originally made for Jewish midwives and used by them among their patients.' Marie Stopes, *Contraception*, (London, 1923), 191.

⁴⁸ Paul Popenoe & Roswell Johnson, *Applied Eugenics* (New York, 1926), 167.

as the influx of 'lower elements into civilized societies' destroyed living standards, sterilized the higher stocks and resulted in inbreeding, creating 'a mongrelized population ... unable to bear the burden.'⁴⁹ Stoddard distinguished between the 'primitives' or 'congenital savages or barbarians' of the lower races and the 'true degenerates' amongst the native stock:

... the imbecile, the feeble-minded, the neurotic, the insane – all those melancholy waste-products which every living species excretes but which are promptly extirpated in the state of nature, whereas in human societies they are too often preserved.⁵⁰

Other eugenicists also took on prominent positions within the ABCL. McCann has argued that Sanger's – and the ABCL's – alliance with eugenicists 'provided the movement with scientific legitimacy that was independent of the medical profession. Eugenics language and data strengthened the Sangerists' ability to contest the medical profession's narrow definitions of acceptable contraceptive practice.'⁵¹ Prominent members of the eugenicist faction in the organization included the biometrician Raymond Pearl, a faculty member at Johns Hopkins, Edward M. East, a Harvard professor, Clarence Cook Little, a geneticist, and Henry Pratt Fairchild, President of the AES between 1929 and 1930.⁵² In contrast to the virulence and vitriol of many eugenicists in the 'mainline' organized movement, the eugenicists of the League tended to more moderate views, although sharing the 'mainline' conviction in the supremacy of the native stock. Edward M. East, writing to Sanger in 1929, asked if the clinical records of patients could 'show the amount of racial intermixture in the patient. Perhaps, without embarrassing questions, it would be possible to make a

⁴⁹ Lothrop Stoddard, *The Revolt Against Civilization: The Menace of the Under Man* (New York, 1922) 5

⁵⁰ Ibid.

⁵¹ McCann, *Birth Control Politics*, 62.

⁵² Ibid, 120-21; Angela Franks, *Margaret Sanger's Eugenic Legacy: The Control of Female Fertility* (Jefferson, NC, 2005) 76.

judgment as to whether the person was more or less pure black, mulatto, quadroon etc.'⁵³

Raymond Pearl also expressed his supposition on the racial inferiorities of the African-American woman:

The experience of contraceptive clinics in cities has shown that any method of contraception known at present is not particularly effective with the general population of negroes. They need something which is more automatic and requires less intelligent cooperation and foresight on the part of the individual.⁵⁴

Other League eugenicists addressed the dysgenic weaknesses throughout American society. In his eugenic treatise, *Mankind at the Crossroads*, East condemned the public expenditure supporting 'the indolent, the pauper and the criminal.' Free clinics and public health work, schools for 'feeble-minded and backward children' and 'institutions for the lame ... and the blind' were all portrayed as being 'of questionable value':

... one wonders why a whole-souled benevolence must include the encouragement of the recipients to produce increasing battalions of their own kind to weigh down the burden of the next generation.⁵⁵

Eugenicists involved with the work of the League were partly drawn to the movement by their conviction that practical improvement in the racial stocks of America was achievable through the dissemination of contraception to the dysgenic poor. Henry Pratt Fairchild emphasized the failure of the organized eugenics movement to implement any practical measures to combat, on a national scale, the differential fertility rates fuelling eugenicist fears:

It is all very well for Eugenists to talk about what they propose to do in the way of improving the human stock. But until they are prepared to tell us exactly what proportions they propose to cultivate them, their practical program must remain vague and intangible. And until the rest of us common people are persuaded that the Eugenic program is both wise and practicable, the popular response to the Eugenic appeal can never be very wide spread nor enthusiastic.⁵⁶

⁵³ Edward M. East, quoted in Linda Gordon, *Woman's Body, Woman's Right* (New York, 1976) 200.

⁵⁴ Raymond Pearl, 'Contraception and Fertility in 2000 Women,' *Human Biology*, September 1932, 4, 3, 395.

⁵⁵ Edward M. East, *Mankind at the Crossroads* (New York, 1923), 232.

⁵⁶ Henry Pratt Fairchild, 'Birth Control and Race Improvement,' *BCR*, 13, 12, December 1929, 342.

British eugenicists were also involved with the CBC; the socialist biologist Julian S Huxley, a member of the Eugenics Society, Alexander Carr-Saunders, a supporter of positive eugenics, and Sir James Barr, the former President of the AMA and a committed eugenics advocate all served as Vice-Presidents in the organization.⁵⁷ Barr, an adherent of positive eugenics, congratulated Stopes in 1921 upon her eugenic crusade:

You and your husband have inaugurated a great movement which I hope will eventually get rid of our C3 population, and exterminate poverty. The only way to raise an A1 population is to breed them.⁵⁸

Barr supported the ideal of early marriages with small, planned families, suggesting 'higher sexual morality, more love and happiness' would duly result. Invoking the spirit of Empire, he contended that 'the nation which most effectually adopts eugenic ideals is bound to rule the world.'⁵⁹ Writing to Stopes in 1935, Barr urged that the desires of the individual should not supplant the wider duty to the race:

The race should be renewed from the mentally and physically fit, the moral and physical degenerates should not be allowed to take any part in adding to the race. Above all we must breed for intelligence. The laws of heredity should be widely taught, so that those with hereditary blemishes may consider their moral responsibility to the race rather than their own selfish gratification in bringing children into the world to be curse to themselves as well as to their parents.⁶⁰

Eugenicists posited assumptions based on the differential nature of the classes. Kevles has argued that class hostility was a key tenet of the British eugenics movement, yet, in their depiction of the dysgenic poor, Stopes, and also Sanger, displayed inconsistencies and confusion in their constructions of the working-classes.⁶¹ Stopes attacked individuals from the 'mentally deficient, insane and criminal classes,' implying they were drawn from working-class stock, supported the notion of positive eugenics and believed in the reduction

⁵⁷ Marie Stopes to Cora Hodson, 10 June 1927, BL MS Papers, Add. MSS 58644, 96; Mathew Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy and Social Policy in Britain c.1870-1959* (Oxford, 1998), 186.

⁵⁸ Sir James Barr to Marie Stopes, 26 May 1921, BL MS Papers, Add. MSS 58589.

⁵⁹ Sir James Barr to Marie Stopes, 24 Jan 1922, BL MS Papers, Add. MSS 58566.

⁶⁰ Sir James Barr to Marie Stopes, 27 May 1935, BL MS Papers, Add MSS 58566.

⁶¹ Kevles, *In the Name of Eugenics*, 76.

of the differential fertility rate.⁶² However, she also delineated a sympathetic (if somewhat benevolent) vision of working-class motherhood in her writings and lectures. Writing in the working-class newspaper, *John Bull*, Stopes launched an attack upon the middle classes, who 'while they themselves have benefited by the knowledge of personal hygiene and the power it gives them to regulate their own families in proportion to their health and means, they have done very little to help their poorer sisters to the same knowledge.'⁶³ Sanger also exhibited this same inconsistency in her constructions of the dysgenic poor. Urging knowledge for the poor, overburdened mother on the one hand, she also attacked the degeneration she perceived as inherent amongst the lower orders:

...the biological and economic waste to the American nation involved in the segregation and maintenance at public expenses of the delinquent, defective and criminally unfit classes of our population. It has pointed out the organic correlation between an uncontrolled birth rate and the great national problems of maternal mortality, infantile mortality, child labor, poverty, mental defect and crime, and the vast national expenditures necessary to meet these problems.⁶⁴

McCann postulates that the association between Sanger, the ABCL and the eugenicists provided the birth control movement with an 'antiseptic language':

The terminology of eugenics (genetic capacity, reproductivity, pregnancy wastage, expressed fertility, and birth rates) desensitized the public discussion of birth control by obscuring the sexual activity that occasioned contraceptive use. It provided Sangerists with a language with which to discuss contraception without vulgarity, and Sangerists used this sexually neutral language to legitimate birth control as just one more public health and welfare issue. In its neutrality, however, eugenical language desexualized birth control altogether.⁶⁵

It is my interpretation that the association with eugenics and the employment of a eugenicist vocabulary in the rhetoric of Anglo-American birth control politics had roots in both a conviction in prohibiting dysgenic reproduction, and the desire to ally the campaign with a more powerful body of reformers. In presenting the dysgenic poor as a menace and a

⁶² Marie Stopes, Lecture, 1922, BL MS Papers, Add MSS 58635.

⁶³ Marie Stopes, 'Our Titled Ostriches,' *John Bull*, 14th November 1925.

⁶⁴ Margaret Sanger to Calvin Coolidge, 31 March 1925, MS Collected Papers, Reel CO3, 443.

⁶⁵ McCann, *Birth Control Politics*, 125-26. I concur that this is partly true, however, the birth control advocates also employed the vision of contraception as a means to eradicate the fear prohibiting the sex lives of many women, and duly resulting in a more fulfilling and harmonious sexual relationship between the married pair. See chapter 1.

threat to the social order, birth control advocates played upon contemporaneous fears of differential fertility; in contrast to eugenicists, however, they possessed a practical solution that could be widely disseminated to eliminate this pattern, and to prevent its future reoccurrence. In constructing birth control as a tool in the eugenicist arsenal, birth control advocates were also appealing to authorities and other reform movements influenced by eugenicist ideology, and seeking a practical method to counterbalance the ill effects perceived in the excessive fertility of the lower orders.

Constructing eugenic motherhood, configuring dysgenic motherhood

The central trope of the mother figure predominated in the ideological construction of birth control. The mother was depicted in various forms ranging from a helpless victim to an undeserving imbecile, yet in the imagery of the eugenically pure mother figure raising her children in health, birth control advocates juxtaposed the vocabulary of maternalism and the terminologies of eugenics, fusing together two powerful contemporary ideologies. Stopes particularly emphasized this construction of eugenicist motherhood, emanating from a tradition of 'race motherhood' first developed in the early twentieth century. This interpretation of racially pure motherhood underpinned the CBC appropriation of positive eugenics, serving as a powerful contrast to the rhetoric of dysgenic and diseased motherhood also employed.

The construction of 'race motherhood' first emerged in the writings of the anti-feminist socialist Caleb W Saleeby, who urged the amelioration of motherhood in his 1909 tract on eugenics, *Parenthood and Race Culture*:

Do you regard the safeguarding and the ennoblement of motherhood as the proximate end of all political action, the end through which the ultimate ends, the production and recognition of human worth, can alone be attained; do you realize that marriage is invaluable because it makes for the enthronement of motherhood as nothing else ever did or can; do you realize that, metaphors about State maternity notwithstanding, the State has neither womb nor breasts, these most reverend and divine of all vital organs being the appanage of the individual mother alone.⁶⁶

Linda Gordon argues that eugenicist depiction of women's maternal role shared with maternalism the central assumption that reproduction represented the highest function of the female. Moreover, as eugenics 'moved toward greater emphasis on heredity as opposed to environment, it moved away from an emphasis on woman's labor and skill as a mother and back toward a view of her as a breeder, of her motherly function as part of nature.'⁶⁷ This notion of eugenic motherhood had filtered down to the correspondents of the ABCL. A 'motherhood' letter received by Sanger revealed that the couple in question wanted to raise their family in the proper circumstances, and although they 'married for love only ... and we are happy' but poor, the couple realized that their duty to the race was to temporarily abstain from childbearing, '... it is not the proper thing to do for the children as well as for our country and therefore come to you for help.'⁶⁸

Stopes contrasted her hopes for a 'glorious future' for motherhood with the prevailing 'wretched' conditions in which 'so large a percentage of women are now living under conditions which undermine their vitality, and make it impossible for them to produce fine and healthy children, it is really bad for the race to allow these women to bear more children than their vitality is adequate to.'⁶⁹ She presented the ideal of eugenic motherhood as 'the woman who, out of a long, healthy and vitally active life, is called upon to spend but a comparatively small proportion of her years in an *exclusive* subservience to

⁶⁶ Caleb W. Saleeby, *Parenthood and Race Culture: An Outline of Eugenics* (New York, 1909) 194.

⁶⁷ Gordon, *The Moral Property of Women* (London, 2003) 85.

⁶⁸ Margaret Sanger, *Motherhood in Bondage* (New York, 1928), 424.

⁶⁹ Marie Stopes, Statement, *Problems of Population and Parenthood*, (London, 1920), 249.

motherhood.’⁷⁰ Contemporary eugenicists also emphasized the importance of the maternal and the domestic to the eugenicist creed. Ellsworth Huntington, President of the AES during the 1930s, contended that improvement of the home would result in improvement to the race:

The heart of the matter lies in improving society at its source. The source is the home. This not only furnishes the material upon which all social forces must work, but shapes that material during the period when it is most easily moulded. A good society can be built only upon good human material. The innate quality of the basic material can be changed only by improving man’s biological inheritance from generation to generation. The moulding of that material can be most readily improved by making sure that the children are born in homes where they will have a good training.⁷¹

Whilst the symbol of positive, healthy eugenic motherhood was employed by birth control advocates and eugenicists alike, the trope of the dysgenic maternal figure lay at the heart of ideological constructions of eugenicist birth control. Contemporary eugenicists raised the spectre of unchecked fecundity amongst the least desirable, particularly the ‘mental defective.’⁷² Such contentions influenced birth control rhetoric. In the eugenicist pronouncements of birth controllers, sympathy for the working-class woman dissipates; the dysgenic mother is condemned as sub-normal, feeble-minded, idiotic or moronic. Birth control advocates employed the categorizations of mental deficiency without any sense of biological determinism in their arguments reinforcing such classifications. McCann has argued that Sanger was heavily influenced in her interpretation of eugenics by the writings of Havelock Ellis, who approached eugenics from the social, rather than scientific, perspective.⁷³ Describing the eugenic ideal as ‘the reasoned manifestation of a natural instinct,’ Ellis claimed ‘the new ideal will be absorbed into the conscience of the community ... like a new religion, and will instinctively and unconsciously influence the

⁷⁰ Marie Stopes, *Radiant Motherhood* (London, 1920), 167.

⁷¹ Ellsworth Huntington, *Tomorrow’s Children: The Goal of Eugenics* (New York, 1935), 7.

⁷² CP Blacker, *Birth Control and the State: A Plea and a Forecast* (London, 1926), 38.

⁷³ McCann, *Birth Control Politics*, 106-7.

impulses of men and women.’⁷⁴ Stopes also adheres to this unscientific interpretation of the eugenics creed in her writings and rhetoric. However, both the organizations were lay-based associations, albeit with some scientific members, with a wider scope of appeal than the elitist eugenicist groups. It is perhaps not surprising that the two associations employed the language of eugenics, and the vocabulary of degeneration and deterioration that was prevalent throughout contemporaneous society, without necessarily adhering to, or articulating, the scientific principles underpinning these categorizations.

In the eugenicist rhetoric of the birth control campaigners, the theme of dysgenic motherhood, menacing the racial health of the community, was perpetually employed. According to the CBC, degeneration threatened even the racially pure. Stopes contended that women employing abortifacient techniques, in particular the emmenagogue and the ‘dirty instrument’, risked the threat of racial deterioration, becoming ‘physically unfit to bear really healthy A1 children’ in the future.⁷⁵ In the case of ‘congenital C3’s,’ often ‘indicated by ... the puny and unsatisfactory condition of the existing children,’ Stopes urged that, in the intervention of the authorities, ‘*whose first duty is to the State as a whole,*’ the interests of the race must take precedence over the right of the parents ‘to bring into the world still another, a *desired* child.’ Given the likelihood of carelessness or mentally deficiency amongst such couples, however, it was advocated that, in the case of the ‘congenitally diseased,’ permanent sterilization, rather than contraceptive instruction, would be the most racially beneficial path.⁷⁶ Alluding to the rates of differential fertility,

⁷⁴ Havelock Ellis, *The Task of Social Hygiene* (Boston, 1917), 126.

⁷⁵ Marie C Stopes, *Mother England: A Contemporary History Self-written by those who have had no historian* (London, 1929) 186.

⁷⁶ Stopes, *Contraception*, 40.

Stopes, without citing specifics or statistics, contended that the prolific poor – ‘those without any skilled trade, those who have been living on other people’s earnings ... being kept by the community,’ also represented the most diseased.⁷⁷ Stopes implored that this residuum, already large and increasing, ought to employ birth control given ‘they are ruinously debased and degenerate types, a burden on the community,’ but the ‘low-grade mentality, lack of public spirit ... (and) ... habit of drunkenness at the critical time’ meant they ‘cannot use any conceivable method:’

... to meet the low grade of society we must have sterilization where people are too low grade to consider the community or alternatively controlled methods of BC which are out of the hands of the patient herself so that she cannot breed further children at the expense of the community.⁷⁸

Stopes’ construction of the dysgenic in society did not always remain consistent, however. In spite of advocating the instigation of eugenic marriage certificates, Stopes suggested that the unfit should be allowed to marry one another – admittedly provided there could no reproduction of their dysgenic kind:

Let us imagine two people utterly unfit for parenthood. Lonely, needing even more than ordinary healthy persons the comfort and companionship of marriage, are they to be prevented from marrying as they certainly would be were certificates of health compulsory? No ... In my opinion, two hopeless crocks would be far better married than unmarried. Let them spend their time nursing each other ... My advice to complete crocks of opposite sexes is: Marry and restrict the miseries involved in your state to your own circle. But, of course, see that by no possible carelessness or chance, do you generate a child from your union.⁷⁹

The imagery of the dysgenic and diseased also featured strongly in the propagandizing literature and rhetoric of the ABCL. After the ruling by Judge Crane in 1918, endorsing the legitimate medical dispensation of contraception in New York State, Sanger had, seeking to forge a tactical alliance with the influential body of eugenicists, begun to employ the terminology of eugenics in her birth control advocacy. Connecting the vision of racial

⁷⁷ Marie Stopes, ‘Address on Ideals and Practice of Constructive Birth Control’, Cambridge, April 29 1930, 137, BL MS Papers, Add. MSS 58635.

⁷⁸ Ibid.

⁷⁹ Marie Stopes, ‘Shall the Unfit Marry?’ *John Bull* 5th December 1925

betterment to the augmented practise of birth control, Sanger urged that only contraception, 'by freeing the reproductive instinct from its present chains, will make a better race.'⁸⁰ Such sentiments shaped ABCL rhetoric upon the question of the unfit: the menace of the diseased and degenerate provided birth control advocates with a scientific justification to extend the dissemination of contraceptives. Addressing a gathering shortly after the inception of the League in 1921, Sanger urged that the procreation of the reckless and irresponsible needed to be prohibited:

Many of this group are diseased, feeble-minded, and are of the pauper element dependent entirely upon the normal and fit members of society for their support ... if they are not able to support and care for themselves, they should certainly not be allowed to bring offspring into this world for others to look after. We do not believe that filling the earth with misery, poverty and disease is moral.⁸¹

The League also utilized contemporaneous fears on the rising tide of immigration to support their contraceptive stance. Urging that 'while we close our gates to the so-called 'undesirables' from other countries,' the threatening presence of the diseased within native stock also threatened racial betterment, given 'we make no attempt to discourage or cut down the rapid multiplication of the unfit and undesirable at home.'⁸² The feeble-minded family formed a 'terrific burden on American society,' according to Sanger, correlated with poverty, tuberculosis, delinquency and crime.⁸³ The majority of the feeble-minded remained outside the institution or asylum, 'living their lives among us, propagating their kind and providing abundant opportunity for the continuation of charities and various pauperizing institutions for generations to come.'⁸⁴ Configuring arguments for contraception in the terminology of eugenics provided a scientific weight and authority to support contraceptive

⁸⁰ Margaret Sanger, 'Birth Control and Racial Betterment', *BCR*, Feb 1919, 11-12.

⁸¹ Margaret Sanger, 'The Morality of Birth Control,' Nov 18 1921, MS Collected Papers, Reel CO16, 164.

⁸² Margaret Sanger, 'The Function of Sterilization,' *BCR*, October 1926, 299.

⁸³ Margaret Sanger, 'The Need of Birth Control in America', in Adolf Meyer (ed.), *Birth Control: Facts and Responsibilities* (Baltimore, 1925), 17.

⁸⁴ Sanger, 'The Function of Sterilization,' 299.

dissemination. Prior associations with radicalism, economic doctrinarism and licentiousness were outweighed by the powerful and pervading influence of eugenicist thought. Both the CBC and the ABCL employed the vocabulary of racial betterment to appeal for eugenicist approval, and to provide an authoritativeness and moral core to their agitation for birth control utilization.

Eugenicist ideology was a commanding presence in the wider movements for social reform during the interwar decades, extending far beyond its scientific sphere to influence thinking upon a broad range of contemporaneous social concerns. The organized birth control movement was particularly receptive to its hypotheses, and sought closer links to the elitist grouping of scientific thinkers engendering hereditarian ideas. In each context, the two birth control associations shaped their eugenicist interpretations around the prevailing stance taken by the national movements for organized eugenics. British eugenicists favoured the promotion of positive eugenics; the CBC adhered to a 'pro-baby' policy and argued for increased reproduction amongst the healthiest stocks, in addition to the curtailed fecundity of the working-classes. The ABCL followed the position of the 'mainline' eugenics movement in the United States by supporting the theories of negative eugenics, including the sterilization of the feeble-minded. Both organizations employed these eugenicist interpretations to construct visions of motherhood and the family, conveying the disparity between healthy, eugenic motherhood, and the reproduction of the diseased, deficient and dysgenic. Yet, whilst both organizations utilized the terminology of eugenics, employing the coeval designations of mental deficiency in their arguments for birth control, neither organization supported their interpretation of these categorizations with any scientific

reasoning or logic. Both lay campaign associations, the CBC and the ABCL were seeking to extend support for birth control to the widest possible audience. In contrast, the groupings of organized eugenicists during the interwar decades represented an elitist coterie of scientists and professionals. In espousing the language and rhetoric of contemporary eugenicist theories, birth control advocates in the two organizations were able to align their movement to a more powerful reform crusade, seeking to engender coalitions with an authoritative and respectable body of scientists. The menace of degeneration underpinning eugenicist thought provided the birth control lobby with a compelling impetus to agitate for improved availability of contraceptives to restrict the prolific fecundity of the undesirable. In contending that their programme for contraceptive provision offered the promise of racial betterment, both the CBC and the ABCL were attempting to reposition their campaigns within the sphere of social reform. This new interpretation of contraception was intended to convey a scientific approach to improving racial fitness, far removed from the past politics of radicalism. Association with the movement for eugenics offered birth control activists a new moral and scientific authority to support their campaigns. However, eugenics remained but one influence upon the politics of birth control. Whilst contraceptive advocates believed their practical programme had the eugenic potential to restructure the reproductive order, many eugenicists suggested the practice would merely reinforce prevailing dysgenic reproductive patterns. Moreover, organized eugenics, in spite of the birth control advocacy of some eugenicist adherents, maintained its distance from the campaigns for contraception. In seeking to fuse their practical programme with the authority and expansive span of eugenicist thought, the campaigners for contraception in the ABCL and the CBC were employing the politics of pragmatism as much as any

ideological fervour for racial theorizing. An alliance with organized eugenics offered respectability and influence to a movement seeking to cast off its prior links to radical politics. In their efforts to redefine the nature of the birth control movement during the interwar decades, such an association proved highly attractive to both organizations.

Saving the Family: Birth Control and Social Work

A new model of social work practice developed, predominantly in the United States, during the interwar decades. Claiming its roots in the activities of the Charity Organization Society, first established in 1869, the evolution of case work emanated from the Progressive era vision of restructuring society through the application of scientific techniques. Repositioning their methodologies and practice from the punitive model of welfare service provided by the Charity Organization movement, social workers began to implement pre-emptive measures in their case work strategies. During the interwar decades, it became evident to birth control activists that the social worker, in daily contact with the indigent and the unfortunate, represented an important ally in the struggle to extend contraceptive provision. The ABCL, from the late 1920s onwards, strove to forge closer links with the emerging profession of case workers, hoping to encourage other authorities to include birth control measures in their respectable programme of social welfare provision. During the Depression, case workers predominated in implementing relief measures to the vast ranks of the unemployed. Birth control advocates in the ABCL sought to reposition contraception as a necessary form of welfare for the case worker to administer in their programmes of relief. In presenting birth control as a legitimate form of social welfare, and forging alliances with the social work field, the League was emphasizing its

transition from a voluntary agitation group towards being a recognized, professional partner in the provision of welfare.

The historiography of case work during the interwar decades has particularly emphasized the shift in the profession from the amateur to the professional practitioner. Daniel J Walkowitz, in a masterly survey of the social work movement, has examined the transition to professionalism amongst case workers. Walkowitz has argued that many, predominantly female, social workers, whilst presenting themselves as a professional body, struggled to achieve a professional identity in their case work practice, contending that 'professionalism still shaped how these women organized and defined themselves, but women in professions such as social work found achievements illusory and problematic'.⁸⁵ Clarke A. Chambers, who has written extensively on the social welfare and social work practices in twentieth century America, argues that social work and social welfare reform shared a common heritage. The development of case work in the early twentieth century moved the profession away from this shared past, leaving social work in an ambiguous position in the welfare field for much of the interwar era:

... of thousands of practitioners, both amateur and professional, in hundreds of different fields of activity, employing many varied techniques, social work did not present a united front. Admitting that social work cannot be treated as a single entity, recognizing that variety and diversity were its most distinguishing features, the student of the 1920s can nevertheless see certain main lines of development in that postwar era.⁸⁶

⁸⁵ Daniel J Walkowitz, 'The Making of a Feminine Professional Identity: Social workers in the 1920s,' *The American Historical Review*, 95, 4, Oct 1990, 1053.

⁸⁶ Clarke A. Chambers, *Seedtime of Reform: American Social Service and Social Action, 1918-1933* (Westport CT, 1980), 91.

From Charity Organization to Social work

The model of social work which emerged during the interwar decades represented a definite transition from the earlier vision of welfare assistance expounded by the work of the Charity Organization Societies, in both Britain and the United States. First established in London in 1869, the COS model of welfare provision quickly disseminated to the United States, with branches opening throughout the 1880s.⁸⁷ Centred on the ideal of the male breadwinner, the COS attacked women's wage-earning and work outside the home.⁸⁸ In Britain, the COS condemned the Poor Laws, commencing a campaign in 1872 to eliminate the practice of outdoor relief.⁸⁹ Charity organization advocates believed that the indiscriminate charitable measures extended by outdoor relief, such as the Mothers' pensions scheme in the early twentieth century United States, served to ensure pauperism and dependency.⁹⁰ Charity organization schemes viewed both poverty and illness to be the result of individual personal deficiency, rather than the consequence of environmental factors.⁹¹ In undertaking investigative studies of poverty stricken families, rather than providing any form of relief, the COS intention was to 'cut off charity from the worthless and divert it to the deserving.'⁹² Gareth Stedman Jones has posited that 'the general aim of these activities was to impose upon the life of the poor a system of sanctions and rewards which would convince them that there could be no escape from life's miseries except by

⁸⁷ Daniel J Walkowitz, *Working with Class: Social Workers and the Politics of Middle-Class Identity* (Chapel Hill, 1999), 33.

⁸⁸ Anna Clark, 'The New Poor Law and the Breadwinner Wage: Contrasting Assumptions,' *Journal of Social History*, 34, 2, 2000.

⁸⁹ Ibid.

⁹⁰ Elizabeth Rose, *A Mother's Job: The History of Day Care, 1890-1960* (New York, 1999) 74.

⁹¹ Emily K Abel, 'Valuing Care: Turn-of-the-Century Conflicts between Charity Workers and Women Clients,' *Journal of Women's History*, 10, 3, 1998, 46.

⁹² Mary E Hurlbutt, 'The Rise of Social Work,' *Annals of the American Academy of Political and Social Science*, 176, November 1934, 8.

thrift, regularity, and hard work.’⁹³ The influence of Progressivism, however, forced a transition from the COS principal belief in improving through circumstances of the poor by enforcing subordination and control.

The emergence of case work during this epoch represented a radical break from the earlier COS stance on poor. First developed by Mary Richmond at the beginning of the twentieth century, case work sought to focus on uplifting the individual or family through the implementation of scientific techniques.⁹⁴ In her key text, *Social Diagnosis*, Richmond explicated the central thesis of the new discipline, ‘Social work consists of those processes which develop personality through adjustment between man and his social environment.’⁹⁵ The role of the case worker, in a clear transition from the policy of the COS, was not to enforce social or cultural norms upon the individual, but to find individual strategies to ameliorate hardship and difficulties. For many social workers, schooled in the punitive tradition of the COS, this proved a difficult endeavour:

Today the social worker is becoming doubtful of the validity of any values imposed on his clients from without. He decries the older slogans of ‘uplift’ and ‘reform’. This leads him to identify himself with the purposes of each client he serves, wherever these may lead. Yet, owing to his tradition, his training, and his cumulative experience, he is constantly haunted by his obligations to society.⁹⁶

Case work envisaged the provision of assistance not as a benevolent measure, but as an important social right for the individual. The value of each individual life and the right of the individual to happiness were a key construct in the emerging ideology of case work during the early twentieth century. Each case was to be assessed and judged upon its own

⁹³ Gareth Stedman Jones, *Outcast London: A Study in the relationship between Classes in Victorian Society* (Oxford, 1971) 271.

⁹⁴ Daniel J Walkowitz, *Working with Class*, 58-59.

⁹⁵ Mary E Richmond, *Social Diagnosis* (New York, 1917), 37.

⁹⁶ Hurlbutt, ‘The Rise of Social Work,’ 13.

merits, requiring from the case worker 'not only a broad human sympathy, but also knowledge of social relationships, understanding of individual psychology and constructive imagination in handling human beings.'⁹⁷ This ideological underpinning to case work was particularly important in the emerging field of family service work which developed during the interwar decades. Social work agencies began to specialize in the field of family service provision during the Depression years, as the Works Progress Administration bureau, established under the Social Security Act of 1935, began to take responsibility for providing relief to unemployed families.⁹⁸ Social work agencies increasingly began to concentrate on constructing a new model of welfare service provision which concentrated on ameliorating family crises, rather than providing economic assistance. As a contemporary observer noted:

If a contribution is to be made to family services by the voluntary family agencies and by others in the community who are concerned with family problems, an opportunity for their efforts appears to be primarily in those more personal services along health, educational and other lines than in the field of economic aid. Many of the family agencies are already conscious of this fact and the general turn of events has led them in the direction of emphasizing the special services with which they are equipped. Significantly these agencies are stressing the importance of family case-work service and of consultation and advice which deals not with the supplying of income, but with other important needs of family life.⁹⁹

In this new vision of family service work, emphasizing the amelioration of familial health and welfare, the case worker sought to employ a range of divergent strategies to assist families in crisis. Birth control advocates in the United States strove to present contraception as a vital tool, both in preventive and curative terms, to enable the social worker in their family service work amongst the struggling and overburdened.

⁹⁷ IM Rubinow, 'Social Case Work: A Profession in the Making,' *Social Forces*, 4, 2, December 1925, 292.

⁹⁸ James Leiby, *A History of Social Welfare and Social Work in the United States* (New York, 1978) 227.

⁹⁹ HL Lurie, 'What next in Family Service?' *Marriage Hygiene*, 3, 2, Nov 1936, 166

Birth Control as a Social Service

The practice of clinical birth control, both in its preventive capacity and as a means of ensuring family circumstances did not deteriorate further, fitted into the wider strategy of family welfare work during the interwar decades. However, British and American birth control organizations diverged in their standpoint on social work; whilst the ABCL employed social workers in their affiliated clinic facilities to conduct patient follow-up visits, the CBC refused to include the assistance of social work practitioners in its clinical programme, perceiving them as an intrusive presence:¹⁰⁰

At our clinic we have no 'social workers' assisting, I might almost say interfering, with the business of record making or giving advice, and instruction to those coming to the Clinic.¹⁰¹

The sociologist Norman Himes, in a survey of birth control clinics in 1930, noted the cultural divide on the implementation of social work procedures between British and American contraceptive clinics, partly emanating from the increased professionalism of American social work:

More thorough follow-up of patients who do not return to the clinic is urgently needed. America's record is better than England's in this respect, possibly because we take the profession of social work more seriously. With us it requires special training. British clinics, are, however, beginning to realize the indispensability of follow-up.¹⁰²

From the late 1920s, the ABCL made concerted efforts to appeal to case workers that contraception represented both a legitimate and a necessary form of social welfare assistance. Admitted to the National Social Work Conference as a 'kindred group' in 1929, the League attended social work conferences and gatherings throughout the 1930s, culminating in a protest meeting at Carnegie Hall in 1935, which urged that birth control be

¹⁰⁰ See Report of the Clinical Research Department of the ABCL, July 1st 1925 to July 1st 1926, MS SSC Papers, Box 37, folder 7.

¹⁰¹ Marie C Stopes, 'Positive and Negative Control of Conception in its Various Technical Aspects,' *The Journal of State Medicine*, 1931, 9, 360.

¹⁰² Norman E Himes, 'Some Untouched Birth Control Research Problems,' *Eugenics*, 3, 2, February 1930, 4.

provided as a form of relief.¹⁰³ Social workers provided a direct link to impoverished families the League sought to assist, as one social worker noted:

... cooperation of social agencies is vital to the birth control clinics. The indigent families whom such clinics are attempting to help are already the clients of the relief or other welfare agencies. The surest way of securing a constant stream of needy patients is to gain the interest and cooperation of the health and welfare agencies in referring their client-families to the clinic as an additional health resource.¹⁰⁴

In a series of articles in *The Birth Control Review*, the League emphasized the importance of birth control as a social work strategy, employing articles by both social workers and contraceptive advocates to reinforce the value of the practice to the case work community. In constructing birth control as a tool for social workers, the League utilized the terminology and ideologies underpinning contemporaneous social work. It is my contention that, as in the case of the eugenics movement, birth control advocates shaped their vision of contraception to correspond with the theories and practices of case work. In connecting the birth control movement to the social work profession, the League hoped that the idea of clinical birth control would be suggested by case workers directly to the indigent families amongst their clients. Thus, the social worker represented a significant ally in the crusade to promulgate knowledge of scientific contraception.

Supporters of the League delineated a vision of birth control as a form of social service which was designed to appeal to the case work profession, offering entreaties to the professional integrity of the social worker, in addition to emphasizing the relevance of contraception to all aspects of family service work. Birth control advocates employed the language of social work, depicting, in stark contrast to the eugenicist interpretations they

¹⁰³ Eleanor Dwight Jones, 'Birth Control – First Aid in Social Work,' *BCR*, August 1929, 13, 8, 217-218; Linda Gordon, *The Moral Property of Women: A History of Birth Control in America* (London, 2003), 221.

¹⁰⁴ Elinor R Hixenbaugh, 'Social Agencies and Birth Control,' *BCR*, June 1939, 23, 9, 218-219.

also posited, that the individual represented 'a social unit, having social functions over and above those inherently biologic and procreative.' Birth control represented 'a social concept and its practice as a form of social service to the degree that it heightens personality values, increases individual effectiveness and happiness, and raises the standards of social living.'¹⁰⁵ Others appealed to the growing professionalism of the case work community for their help in extending the dissemination of contraception. Margaret Sanger, writing an open letter to social workers in *The Birth Control Review* in 1933, claimed that the social worker was pivotal in assisting families during the Depression, calling upon them to help further by including contraception in their relief strategy:

Upon your vision, upon your intelligence, in this crisis, rests the welfare not only of countless troubled, worried parents, but also of the children born in the midst of the greatest depression in history, on whom we depend to carry on the torch of civilization.¹⁰⁶

In a speech to the National Social Work Conference in 1929, ABCL President Eleanor Dwight Jones contended that, without birth control, the social worker was powerless to prevent disease and dependency amongst their clients. She urged social workers to embrace the movement for contraception, implying they had the influence to increase its availability in hospitals, health centres and clinics:

Without Birth Control, often nothing can be done to prevent family wreckage. The social worker has to stand by and watch incompetent or sickly parents go on year after year having puny, subnormal children that they do not want and cannot care for. BC not being available, the social worker can often do nothing until the family is actually 'down and out'. Then she can step in and patch things up by sending the broken-down mother away for a rest, eking out the wages of the incompetent father, or supporting some of the superfluous children in 'homes', so that they may grow up and give birth, themselves, to unfit children, for social agencies of the next generation to take care of.¹⁰⁷

Configurations of birth control as a social service technique were also aimed at case workers dealing with family discord. In cases where wives refused sexual relations with their husbands for fear of further pregnancy, it was suggested that the social worker knew

¹⁰⁵ Ira S Wile, MD, 'Birth Control as Social Service,' *BCR*, July 1930, 199.

¹⁰⁶ Margaret Sanger, 'An Open Letter to Social Workers,' *BCR*, June 1933, 140-141.

¹⁰⁷ Eleanor Dwight Jones, 'Birth Control – First Aid in Social Work,' *BCR*, August 1929, 13, 8, 217-218.

the potential ill-effects for the entire family, given that 'the wife's refusal to her husband brings forth abusive, indecent language, unfounded accusations of infidelity and rough demands or even use of physical force in the presence of children.'¹⁰⁸ Contraceptive campaigners argued that recommending the use of birth control in such circumstances would ensure that 'fine feeling in sex matters and ideals of married life' were restored.¹⁰⁹ The League also utilized support amongst social workers to appeal to the profession. A case worker writing in *The Birth Control Review* contended that birth control needed to be an integral aspect of every social welfare agency programme, given its potential benefits for the entire family:

It is important not only to the mother's health, and the effect this has upon the happiness and efficiency of family life, but has significance also in the subtle realm of family relationships. The atmosphere of a home depends upon the attitudes of the father and mother toward each other, and the foundation of a normal family life is a wholesome and happy sex relationship, free from the fear of an unwanted pregnancy. The realization of these needs should be a part of each social worker's preparation for her work. This should not be emphasized as a separate part of the case work program, but should be completely integrated in the study and treatment of family relationships.¹¹⁰

Contraceptive proponents also structured their interpretation of contraception as a social service tool to correspond with the principles of case work. Given these rules urged that prescriptive values were not to be imposed upon the client, birth control advocates also acknowledged that no individual should be forced to attend a birth control clinic, except in the case of serious health reasons:

This is a health service to be used voluntarily and is preferable to the practice of self-induced abortion or other methods of family regulating which are frequently either physically or psychologically harmful. The limitation of a family for economic or social reasons may seem desirable to the case worker but this plan can only be effective when it is desire of the parents themselves. Whenever possible it should be the joint plan of both parents, and not the desire of one imposed upon the other.¹¹¹

¹⁰⁸ 'An Experiment in Constructive Family Help,' *BCR*, March 1927, 11, 3, 71-73

¹⁰⁹ Ibid.

¹¹⁰ Hixenbaugh, 'Social Agencies and Birth Control,' 219.

¹¹¹ Gladys Gaylord, 'A New Tool in Social Work,' *BCR*, May 1932, 16, 5, 137-38.

This interpretation contradicts much of the eugenicist-influenced rhetoric that the League employed in its campaigns regarding the multiplication of the unfit and indigent. It indicates, however, that the constructions and interpretations advanced for birth control usage were specifically engaged to appeal to certain professions and movements. In seeking the support of social workers, birth control activists in the ABCL were prepared to configure their arguments for the provision of contraception to suit the values and principles which underpinned the profession. By aligning birth control to reflect the practice of case work and family service, the League was seeking to obtain the support of a group of professionals who could advance the cause of their movement, by encouraging the uptake of contraception amongst relief clients and troubled families. Moreover, in pursuing closer links to a professional body, the League was intending to reposition their activism firmly within the sphere of respectability and professional endeavour. As in the case of the eugenics movement, allying with a professional group served to suggest that the League had become an important authority in the field of social reform. Birth control, as a part of social service practice, was at last deemed a respectable measure of social welfare.

Conclusion

Birth control advocates, during the interwar decades, were influenced in their ideology and rhetoric by other movements for social reform or disciplines. In the case of both the eugenics movement, and in the American context, the social work profession, the associations forged ties and employed the terminology of these discrete movements to further the cause of their agenda for birth control. The eugenics movement and the case work community developed during the Progressive period wherein the principles of

scientific rationality were applied to restructure social behaviour. Birth control also relied upon the use of scientific technology to change the reproductive patterns in society. Contraceptive campaigners in both the ABCL and the CBC sought to engender new scientific and moral authority by aligning themselves with the eugenics crusade. ABCL advocates also hoped that closer links with case workers would further the dissemination of contraceptive knowledge amongst the most needy in American society. In both contexts, birth control activists configured contraception to reflect the ideological underpinnings of other disciplines, in an endeavour to broaden their support and to reposition their movement as a respectable, professional and authoritative coalition in contemporaneous social reform.

Chapter 3: Medicalizing Motherhood: Contraceptive campaigners, physicians and the construction of birth control as a medical technique

In making birth control respectable, contraceptive campaigners endeavoured to reposition the practice from a licentious, commercial undertaking, tinged with obscenity and vice, to a scientific, clinical technique, both hygienic and health-giving. Artificial birth control had previously implied the use of a black-market device, sold under the counter, or a prophylactic. The practice of *coitus interruptus* relied upon male acquiescence and carefulness. Birth control advocates during the interwar decades favoured the usage of female-centred devices, chiefly cervical caps and diaphragms, as the most preferable means of contraceptive technique available. However, female-centred methods required clinical care. Women needed to be examined, checked for injury and fitted for an appropriately-sized device by a clinical practitioner, whether a nurse or a physician. This model of clinical practice largely depended upon the support and endorsement of the medical fraternity to become, as campaigners hoped, the prevailing form of contraceptive usage. Thus, making contraception a respectable practice necessitated medicalizing the procedure. The physician conveyed a moral authority and integrity which was unrivalled in contemporaneous society. In allying the practice of contraception with the medical hierarchy, birth control advocates strove to restructure perceptions of the practice from the realms of private impropriety to the sphere of public decency.

The CBC and the ABCL both endorsed the vision of clinical contraception, but diverged in terms of policy and practice. The CBC adopted a model of clinical practice in which the nurse served as the clinical provider of contraceptive care; the ABCL favoured the

physician as prescribing clinician, partly influenced by the restrictive legislation governing contraceptive dissemination in the United States. In both contexts, however, the two associations endeavoured to engage the interest of the medical profession in the practice of clinical birth control, with varying levels of success. Both organizations configured contraception as a medicalized measure, possessing the potential to improve dramatically conditions of maternal health and eliminate the resort of desperate women to abortion. In this chapter, I examine the relationship between birth control campaigners and the medical hierarchy, considering the attitude of the medical profession in both Britain and the United States towards the emergence of clinical birth control. I also address the birth control associations' construction of contraception as a medicalized technique, examining the contrasting interpretations they advanced for medical involvement in contraceptive care. In the second section of this chapter, I explore the configuration of birth control as a health measure, analysing how the ABCL and the CBC portrayed contraception as both a measure for ameliorating maternal health, and a scientific, health-ensuring alternative to the practice of abortion. Contemporary debates connected rising levels of maternal mortality and morbidity to the practice of abortion; the two associations both fused together, and employed discretely, the imagery of these powerful and emotive themes to reinforce their arguments for the extension of clinical contraceptive practice. In both contexts, I examine how the organizations shaped the notion of birth control to suit the prevailing provision of health care, and the predominant debates regarding female health and welfare.

Birth Control and the Medical Hierarchy

Historical analyses of the relationship between the campaigns for contraception and organized medicine indicate the complexity of the interconnection between the two during the early decades of the twentieth century. Joyce M Ray and FG Gosling, in their study of American medical involvement with birth control, argue that period between 1937 and 1947 – the decade after the American Medical Association sanctioned contraception – witnessed a major transition in the attitudes of the American medical hierarchy. As public opinion increasingly endorsed contraception, American medics began to employ the procedure as part of their clinical practice.¹ Angus McLaren, in his study of birth control in nineteenth-century England, suggests that the British medical profession prior to the First World War remained deeply confused regarding the differentiation between contraception and abortion. Many physicians in the early twentieth century perceived contraception as a challenge to their authority in the decades before it became a form of medical practice:

The questions of the difference between artificial and natural means of fertility control, between male and female forms of contraception, between abortion and contraception, between prophylactics to prevent disease and those to prevent births continued to be regurgitated decade after decade ... Its first responsibility was the maintenance of a professional monopoly in the realm of medical science. The fact that the monopoly was being in part challenged by the advocates of birth control, by the retailers of contraceptives, and by ordinary men and women seeking to regulate their own fertility, meant that, until doctors came up with their own medically approved contraceptives, they would approach the question with suspicion and hostility.²

James Reed, in his survey of the American birth control movement, echoes McLaren's claim in the case of the American medical hierarchy. Reed posits that the majority of doctors 'were willing to wait for the development of some tidy form of contraception and displayed a therapeutic nihilism toward the topic that had been slowly banished from the

¹ Joyce M Ray & FG Gosling, 'American Physicians and Birth Control,' *Journal of Social History*, 18, 1984-5, 399-411.

² Angus McLaren, *Birth Control in Nineteenth-Century England* (New York, 1978), 136.

rest of medicine by a new positivism based on basic research.’³ Lesley Hall has analyzed the work of female doctors in the birth control movement during the interwar decades, arguing that an older generation of pioneering female physicians remained hostile to the movement for birth control. These physicians, including some of the most prominent female medics, endorsed the practice of continence and suggested the new movement for augmented dissemination of artificial contraceptives threatened to result in a wave of licentiousness.⁴

Other scholars have surveyed the wider spectrum of Anglo-American medical practice in the early twentieth century, considering in particular the emergence of a medical monopoly in shaping contemporaneous configurations of health. Thetis M. Group and Joan I. Rivers have explored, in the American context, the establishment of the medical hierarchy and its influence upon wider notions of health in American society. They contend that the interests of the medical fraternity often took precedence over the rights and concerns of the individual patient:

Medical authority, arising from nurses’ and patients’ deference and institutionalized forms of dependence, encouraged the public to see medical interests as similar to their own.⁵

Other scholars have addressed the paramountcy of private practice in the construction of a medical monopoly. Rosemary Stevens, in her study of specialization in American medicine, postulates that the professional model of medical care in the United States centred upon the

³ James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society since 1830* (New York, 1978), 145.

⁴ Lesley A Hall, ‘A Suitable job for a Woman: Women Doctors and BC to the Inception of the NHS,’ in Lawrence Conrad & Anne Hardy (eds.), *Women and Modern Medicine* (Amsterdam, 2001), 127-147.

⁵ Thetis M Group & Joan I Roberts, *Nursing, Physician Control and the Medical Monopoly: Historical Perspectives on Gendered Inequality in Roles, Rights, and Range of Practice* (Bloomington, 2001), 150.

private practice, whose 'model was a one-to-one relationship between practitioner and patient and whose financial transaction was an individually determined fee.'⁶

Female physicians predominated in the clinical practice of the interwar birth control movement. Scholars have examined female involvement in the wider medical sphere, positing that many female doctors were influenced by the politics of maternalism, entering into the fields of social medicine and public health as a natural consequence of their ideological viewpoint. Anne Digby, in her survey of general practice in Britain, asserts that, in the case of female doctors entering the medical field for the first time during the late nineteenth and early twentieth centuries, gender bias forced many to enter the less popular fields of welfare provision, obstetrics and gynaecology:

The history of women in general practice is that of female practitioners operating in a semi-detached professional sphere. This was in part the product of gendered cultural values, but was also the result of the medical market whose congested state was worsened by the entrance of women themselves.⁷

Regina Morantz-Sanchez and Ellen S. More have both produced wide-ranging surveys covering the work of female physicians in the sphere of American medicine. Morantz-Sanchez contends that the natural inclination of women doctors to enter the field of social medicine led to their involvement in reform campaign work, including welfare provision, the eugenics movement, and campaigns for contraception:

There was ... an important group of women physicians who were active in the birth control movement, and many of them ... viewed artificial contraception as a means to foster positive sexual relations in order to preserve marital happiness.⁸

More has considered the involvement of female physicians with the politics of maternalism, noting that maternalist ideologies encouraged adherents into public health work in

⁶ Rosemary Stevens, *American Medicine and the Public Interest: A History of Specialization* (Berkeley, 1998), 132.

⁷ Anne Digby, *The Evolution of British General Practice 1850-1948* (Oxford, 1999), 154.

⁸ Regina Markell Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (Oxford, 1985), 295.

settlement houses and child health bureaus. In such cases, however, 'women physicians may have remained true to their professional traditions of generalist medicine and Maternalist social reform, but they were also following a path few others wished to pursue.'⁹

Organized medicine in Britain and the United States

In the provision of health care services in the early twentieth century, the medical frameworks in place in Britain and the United States shared unanimity in one key context. The paramountcy of the private practitioner was pivotal to the structure of both health care systems. In the British system, a more centralized state structure precipitated the augmentation of state involvement in health care provision, culminating in the establishment of welfare centres providing maternal and infant care.¹⁰ The majority of patients still had to pay for medical treatment, however, resulting in deep-rooted inequalities in the provision of care. For the majority of working-class women, the constraints of maintaining a tight family budget forced many mothers to forego treatment, except in the case of dire necessity.¹¹ Visiting the general practitioner often threatened the family finances for long-term periods; thus many working-class families avoided seeking professional treatment.¹²

⁹ Ellen S More, *Restoring the Balance: Women Physicians and the Profession of the Medicine 1850-1995* (Cambridge, MA, 1999), 83.

¹⁰ On maternal and infant welfare centres see Ann Oakley, *The Captured Womb: A History of the Medical Care of Pregnant Women* (Oxford, 1984).

¹¹ Anne Digby, *The Evolution of British General Practice 1850-1948* (Oxford, 1999) 243.

¹² Ibid.

The American medical hierarchy witnessed the increasing ascendancy of the general practitioner from the turn of the century. A reconfiguration within the American Medical Association resulted in the augmented authority of the general practitioner in its ranks; in the face of these shifts, the physician sought to enforce his medical monopoly over the realm of health provision.¹³ Historian Sandra Lee Barney posits that with these changes, physicians were 'moving toward an increasingly professional model of care that recognized them as the sole arbiters of medical diagnosis, prevention, and intervention.'¹⁴

Physicians in the American medical fraternity were deeply uncomfortable at the prospect of ceding any level of control over their monopoly to other groups. William Allen Pusey, President of the AMA, conveyed the profession's unease at the augmentation of social reform activity in the sphere of health and welfare:

There is an evident tendency now to appropriate medicine in the social movement; to make the treatment of the sick a function of society as a whole; to take it away from the individual's responsibilities and to transfer it to the state; to turn it over to organized movements.¹⁵

This opposition to intervention in the medical domain manifested itself in the AMA resistance to plans to provide federal or state forms of health insurance; the medical profession condemned the intrusion of the government into their dominion of private practice.¹⁶ This resistance to any implication of state medicine even extended to the provision of infant welfare services. Organized medicine condemned plans by the maternalists of the Children's Bureau to include curative measures in the Sheppard-Towner

¹³ John Duffy, *The Healers: The Rise of the Medical Establishment* (New York, McGraw-Hill, 1976), 313.

¹⁴ Sandra Lee Barney, *Authorized to Heal: Gender, Class, and the Transformation of Medicine in Appalachia, 1880-1930* (Chapel Hill, NC, 2000), 135.

¹⁵ William Allen Pusey, quoted in Jane Pacht Brickman, 'Public Health, Midwives and Nurses, 1880-1930', in Ellen Condliffe Lagemann (ed.), *Nursing History: New Perspectives, New Possibilities* (New York, 1983), 76.

¹⁶ Lloyd C Taylor Jr, *The Medical Profession and Social Reform, 1885-1945* (New York, 1974) 103.

welfare programme, lobbying to ensure that the only services provided by the scheme involved the dissemination of information and instruction to the mother.¹⁷ The medical hierarchy united in its opposition to social medicine; even the United States Public Health Service joined the protesting ranks, insisting to Congress that the question of infant mortality was a medical matter, not a welfare issue.¹⁸ Ellen S. More suggests that the impact of these decisions extended far beyond the scope of Sheppard-Towner, culminating in 'the marginalization of public health care – both those who received it and those who provided it.'¹⁹ From the entrenched standpoint of the medical hierarchy, the reformers of the Children's Bureau and their ilk were encroaching upon the inalienable right of the physician to pursue his private practice. A fundamentally conservative body, the AMA proved hostile to any intervention by the state or lay organizations into the realm of private medicine.²⁰ Moreover, in the medical hierarchies on both sides of the Atlantic, physicians emphasized the curative, rather than the preventive, value of their work. With their natural suspicion of lay campaigning and anxiety to preserve their professional standing, organized medicine remained impervious in their refusal to countenance movements for social reform entering the sphere of health care provision. In engendering medical support for birth control, contraceptive campaigners had to challenge both the medic's distrust of the laity, and his natural conservatism which categorized birth control as being beyond the realms of moral decency.

¹⁷ Children's Bureau, *Promotion of the Welfare and Hygiene of Maternity and Infancy: Text of Act of November 23, 1921 and Maximum Amounts available to the States* (Washington DC, 1921).

¹⁸ Alisa Klaus, *Every Child a Lion: The Origins of Maternal and Infant Health Policy in the United States and France, 1890-1920* (Ithaca, 1993), 271.

¹⁹ More, *Restoring the Balance*, 155.

²⁰ Daniel M Fox, *Health Policies, Health Politics: The British and American Experience, 1911-1965* (Princeton, 1986), 4.

Physicians and birth control

In the mindset of the majority of practitioners in early twentieth century medicine, notions of contraception were aligned with a deep-rooted fear of vice, the taint of obscenity and an overwhelming ignorance of the nature of the practice. Medical training in contraception was almost non-existent; moreover, for a professional body which had constructed a self-determined identity of moral guardianship, the suggestion of contravening religious or ethical teachings induced hostility in the practitioner.²¹ To gain widespread acceptance of medicalized birth control, the challenge for the organized movement, particularly in the United States, where the repressive Comstock laws enforced prohibitions upon dissemination, was to nurture support for the practice amongst a doubting hierarchy. As Angus McLaren suggests:

...in England and North America the profession as a whole was obviously afraid of the loss of respectability that an association with Stopes and Sanger might entail, worried by confusions over abortion and contraception, and simply ignorant of contraceptive techniques.²²

The governing officialdom of organized medicine, the AMA and BMA, remained firmly entrenched in their disquietude towards the birth control question for much of the interwar decades. Contemporaneous debates on contraception in the Anglo-American medical press, however, indicate a wide array of viewpoints held amongst practitioners regarding the extension of birth control practices. Initially characterized by much antipathy, the tenor of the debates gradually shifted during the period; as the medical body became progressively reconciled to the practice, much of the discourse centred upon the need to maintain a professional monopoly upon reproduction in the face of the encroaching activism of the lay movement. The British medical press featured a number of birth control debates throughout

²¹ Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York, 2001), 81.

²² Angus McLaren, *Twentieth Century Sexuality: A History* (Oxford, 1999), 80.

the interwar decades, illuminating the inceptive hostility displayed by much of the profession towards the practice, particularly amongst more senior physicians, both male and female. Gradually, however, the profession moved from antagonism towards an increasing acceptance of contraception as a legitimate medicalized procedure.

During the 1920s, the BMA refused to countenance the inclusion of contraception as a suitable topic for its conferences or as an issue for debate in the pages of its journal. A number of correspondents, including the medical officer of health and contraceptive advocate Charles Killick Millard, together with Marie Stopes, responded after Mary Scharlieb condemned the damaging effects of artificial birth control in *The British Medical Journal* in 1921.²³ Following this brief mention, the journal did not address the issue of contraception for the next decade, by which time the association had endorsed contraception as a legitimate medical practice.²⁴ *The Lancet*, which, unlike the *BMJ*, addressed the issue upon a number of occasions during the 1920s, took a cautious stance upon the question. In an editorial published shortly after the inauguration of the Mothers' Clinic, the journal criticised Stopes for her assumption that the medical profession would flock to visit her clinic, but duly acknowledged that the contemporary medical curriculum failed to properly address reproductive anatomy and physiology. The journal adjured the profession to improve their technical knowledge on birth control in order to stem the lay intrusion into the medical field:

We cannot claim that the average medical man has devoted much thought or care to the question of contraceptives, though their use is believed to be widespread, nor that he has made himself master of the

²³ C Killick Millard, 'Birth Control,' Correspondence section, *The British Medical Journal*, July 23, 1921, 131; Mary Scharlieb, 'Birth Control,' Correspondence section, *BMJ*, July 16 1921, 93-94; Marie C Stopes, 'Birth Control,' Correspondence section, *BMJ*, August 13 1921, 262.

²⁴ Richard A Soloway, *Birth Control and the Population Question in England, 1877-1930* (Chapel Hill, 1982), 259; Editorial, 'British Medical Association Demand 'No Dictation.'' *BCN*, Sept 1930, page 74-75.

arguments for and against their employment. An occasion may, however, arise in the career of any practitioner when he may be drawn into a discussion of the propriety of the artificial prevention of conception in certain given circumstances, or may be asked a definite question on the relative merits of various methods. A refusal to answer will drive the patient into hands less scrupulous and also perhaps less judicious.²⁵

The most extensive coverage of the birth control question in the British medical press appeared in two special editions of *The Practitioner*, published initially in 1923, followed by a further collection of essays a decade later. The first survey brought together an array of advocates, opponents, and non-partisans, including influential obstetricians and gynaecologists such as Anne Louise McIlroy, Norman Haire, Lady Florence Barrett and the eminent paediatrician Eric Pritchard.²⁶ The edition published in 1933 saw articles by Helena Wright, a practitioner at a birth control clinic affiliated with the NBCA, and CP Blacker, secretary of the Eugenics Society.²⁷ The 1923 editorial made clear the gulf in coeval medical knowledge on the issue; nonetheless, the intrusion of the laity upon the medical domain could not be countenanced:

Medical men have found in popular handbooks, written by women with no medical qualification, practical information of which they had hitherto been ignorant, and a great deal of which they might legitimately disapprove.²⁸

Medical friends and foes of birth control voiced their opinions, offering the physician an ambit of divergent personal interpretations but no definitive answer on the validity of contraception. Richard Soloway argues that the medic searching for knowledge would in all likelihood remain bewildered by the abstruseness of these accounts:

²⁵ 'One aspect of Birth Control,' *The Lancet*, Volume 197, issue 5091, March 26 1921, 677. *The Lancet* article refused to refer to Marie Stopes by her doctorate and referred to her instead as 'Mrs Stopes'. For further birth control editorials and debates in *Lancet*, see 'Birth Control,' London Association of the Medical Women's Association, Medical Societies section, *The Lancet*, July 9 1921, 75; 'Medical Aspects of Contraception,' *The Lancet*, Dec 17 1927, volume 210, issue 5442, 1325-26; 'Medical Advice on Birth Control,' *The Lancet*, Volume 215, issue 5565, April 26, 1930, 925.

²⁶ See Lady Florence E Barrett, 'Conception Control,' *The Practitioner*, July 1923, 17-22; Dr Eric Pritchard, 'Birth Control,' *The Practitioner*, July 1923, 56-61.

²⁷ Helena Wright, 'Birth Control in Practice: The National Movement', *The Practitioner*, Sept 1933, 283-85; Dr CP Blacker, 'The Choice of a Contraceptive', *The Practitioner*, Sept 1933, 256-66.

²⁸ Editorial, 'Contraception,' *The Practitioner*, July 1923, 2.

The ambivalence of the medical press was not simply a result of the fundamental conservatism of the profession reasserting itself after momentary lapses of sober judgment. A great many doctors were obviously confused by conflicting testimony, and the journals had no authoritative information to give them.²⁹

Professor Anne Louise McIlroy favoured the use of continence in place of artificial methods, which, in her interpretation, spoilt the spontaneity of physical expression in a manner which all who had any delicacy must comprehend. McIlroy envisioned that the widespread employment of artificial devices would culminate in women's sexual slavery, 'for they will remain the instruments of men's uncontrolled desires.' Nonetheless, she acknowledged that lack of medical instruction in contraceptive techniques, but attacked the emergence of birth control clinics initiated outside medical control, suggesting they had potentially harmful effects:

It is against all traditions of the British medical profession to advise the use of any institutions for the control of conception alone. What is required is the further training of medical practitioners and medical students on the question, so that the patients seeking professional advice are not left to chance or refused information because of want of knowledge on the part of the medical attendant. I feel strongly that the subject of birth control is a matter for the consideration of the medical profession alone, and that they can no longer shirk their moral responsibilities in dealing with its present harmful results.³⁰

In contrast, the Australian gynaecologist and birth advocate, Norman Haire, posited that long-term abstention from coitus left both physical and psychical results, but agreed with McIlroy's assertion that the profession needed to reclaim the practice from the lay movement, who, 'by reason of their lack of their medical knowledge,' were 'obviously quite incompetent to deal with it:'

I would stress the need for the study of contraception by the medical profession. Only this may it be rescued from the hands of quacks and charlatans and non-medical 'doctors' who write erotic treatises on birth control conveying misleading information in a highly stimulating form.³¹

²⁹ Soloway, *Birth Control and the Population Question*, 263.

³⁰ Anne Louise McIlroy, 'The Harmful Effects of Artificial Contraceptive Methods,' *The Practitioner*, July 1923, 35.

³¹ Norman Haire, 'Contraceptive Technique: A Consideration of 1,400 Cases,' *The Practitioner*, July 1923, 90.

American physicians equally received minimal information and advice upon contraceptive techniques in the leading journals of the profession during the early years of the interwar decades. A small number of articles began to appear in the *Journal of the American Medical Association* referencing birth control, including a notable plea from the President of the AMA in 1924, William Allen Pusey, who, examining the rise of social reform movements, urged the medical profession to engage with the birth control issue in order to prevent the absolute lay appropriation of a scientific matter:

I particularly desire that the mistaken impression should not go out that I mean to say that medicine now has any satisfactory program for birth control. It has not. The point I am undertaking to emphasize is that the subject is one of vast importance to the welfare of man; that it is one which should have scientific guidance; that for this medicine must be looked to and that medicine should undertake to approach its responsibilities here by beginning to give the subject the continuous and serious thought it justifies.³²

Others postulated that, in the absence of extensive medical scrutiny of contraceptive measures, it was inevitable confusion reigned. An editorial discussing 'The Prevention of Conception' in *JAMA* proposed there existed the need for 'investigation of birth control made in a scientific and ethical spirit ... approaching the subject without bias,' to counteract the wide divergence of opinion and argumentation confounding the question.³³ The gynaecologist Robert Latou Dickinson was the first to address this lacuna in medical knowledge, with the publication of the initial survey of clinical contraceptive provision in the medical press in 1924. Dickinson, at the beginning of his long association with the American birth control movement, enjoined the medical acquisition of contraception, emphasizing that the 'subject should be capable of handling as clean science, with dignity, decency and directness, but with due consideration of the danger that certain forms of

³² William Allen Pusey MD, 'Some of the Social Problems of Medicine,' *Journal of the American Medical Association*, 82, 24, June 14, 1924, 1906.

³³ Editorial, 'The Prevention of Conception,' *Journal of the American Medical Association*, 83, 25, Dec 20 1924, 2020-21.

publication may pander to pruriency and give safety to the license.’³⁴ Dickinson contended that the medical hierarchy alone possessed the ability to determine the presence of diseased or abnormal states, which, combined with their inherent moral upstanding, ‘as the father-confessor in matters of sex’, rendered clinical contraception their natural preserve.³⁵

The American medical hierarchy gradually began to heed Dickinson’s words. In 1925, the American Gynaecological Society passed a resolution urging legal change to enable the lawful dissemination of medical publications addressing contraception through the federal mails.³⁶ Other organized medical bodies began to follow suit, including the American Neurological Society, which resolved to support the amendment to the Comstock legislation prohibiting the physician from providing necessitous treatment.³⁷ Most influential in shaping prevailing medical opinion upon the issue was the report by the New York Academy of Medicine, the most conservative and elitist medical fraternity in the nation, which conducted a survey of extramural contraceptive centres in 1931.³⁸ The study, led by the prominent gynaecologist George W Kosmak, contended that whilst ‘the conservatism of the medical profession with reference to contraception has been justified,’ the proliferation of recent research studies in contraceptive technique ‘now demands

³⁴ Robert Latou Dickinson, MD, ‘Contraception: A Medical Review of the Situation: First Report of the Committee on Maternal Health of New York,’ *American Journal of Obstetrics and Gynecology*, November 1924, 8, 584.

³⁵ Ibid. Dickinson endeavoured to persuade Sanger to cede control of the operations of the Clinical Research Department of the ABCL to a medical committee, in order to operate the clinic both as a dispensary service and a demonstration centre for the medical profession. I examine the alliance between Dickinson and the ABCL in chapter four.

³⁶ Robert Latou Dickinson, ‘American Birth Control League,’ Correspondence section, *Journal of the American Medical Association*, 10 Oct 1925, 1153.

³⁷ Dorothy Dunbar Bromley, *Birth Control: Its Use and Misuse* (New York, 1934), 195.

³⁸ Hannah M Stone, MD, ‘Birth Control Progress in America,’ *International Medical Group for the Investigation of Birth Control newsletter*, 2nd issue, June 1929, 7.

recognition on the part of the profession of medicine.’³⁹ In 1937, the AMA finally endorsed contraception as an approved form of medical practice, following the 1936 ‘One Package’ ruling which removed the lingering Comstockian association between contraceptive devices, obscenity and lewd behaviour, by unanimously adopting the report of the Association Committee to Study Contraceptive Practices. However, the Committee, whilst sanctioning ‘birth control as having a definite place in medical practice,’ desired to ‘record its disapproval of propaganda directed to the public by lay bodies, organized solely for the purpose of disseminating (without consideration or restraint) contraceptive information.’⁴⁰ In spite of the endorsement, the ruling signified for lay reform bodies, such as the ABCL, that encroaching upon the medical domain still remained a highly contentious issue amongst the hierarchy.

The paucity of contraceptive instruction in medical education, combined with a lack of experience in clinical practice, led to a spate of wild claims levelled by practitioners that contraceptive usage resulted in a wide array of diseases and neurotic conditions, in conjunction with a rise in promiscuous behaviour and the onset of moral degeneration.⁴¹ Mary Scharlieb, amongst the most prominent female physicians in Britain, claimed that her forty-year gynaecological experience persuaded her that ‘artificial limitation of the family causes damage to a woman’s nervous system. The damage done is likely to show itself in an inability to conceive when the restriction voluntarily used is abandoned because the

³⁹ George W. Kosmak, quoted in Bromley, *Birth Control*, 196.

⁴⁰ Quoted in Marianne Leung, ‘Better Babies’: The Arkansas Birth Control Movement during the 1930s,’ PhD thesis, University of Memphis, 1996, 134.

⁴¹ *The Lancet* suggested the ‘commonest medical arguments used against birth control are that contraceptives cause sterility, genital disease, and psychoneuroses, and they are useless in preventing conception.’ ‘The Medical Aspects of Birth Control,’ *The Lancet*, May 28 1927, 1141.

couple desire offspring.’⁴² Other dissenting physicians played on fears of immorality and lewd behaviour, depicting imagery of a rising tide of extramarital indulgence precipitated by the augmented accessibility of contraceptive devices. Sir John Robertson, medical officer of health for Birmingham, alleged ‘many a woman has been deluded by her paramour that everything will be all right because he or she uses some variety of contraceptive.’⁴³ Such were the blinkered and hostile assumptions which advocates for birth control endeavoured to prevail over by disseminating clinical advice and instruction specifically intended for the medical community. Both organizations sought to reduce the lacuna in medical knowledge by publishing textbooks on contraceptive practice. James F Cooper, Medical Director of the ABCL, produced the authoritative guide to clinical birth control in the interwar United States, whilst Stopes penned the first British medical manual, *Contraception: Its theory, history and practice*, in 1923, noting the scant existing literature advising the practitioner on such a key facet of medical provision:

The medical man has, or may have, on his shelves many textbooks and memoirs on almost every conceivable branch of medical practice, with the exception of this subject, the most vital of all to the health and well-being of his most important patient, the fertile married woman.⁴⁴

In spite of the augmented circulation of contraceptive information designated for the practitioner, many British physicians preferred to send their patients to voluntary clinics rather than instruct them personally. Others refused to countenance contraception on social or economic grounds, as evidenced in the report of the 1939 Inter-Departmental Committee on Abortion, which suggested that ‘among those practitioners who have studied contraceptive technique, and are prepared to advise their patients on it, many, we gathered,

⁴² Mary Scharlieb, ‘Birth Control,’ Correspondence section, *BMJ*, July 16 1921, 93.

⁴³ Sir John Robertson, ‘The Views of a Medical Officer of Health’, in James Marchant (ed.) *Medical Views on Birth Control* (London, 1926), 171.

⁴⁴ James F Cooper, *Technique of Contraception: The Principles and Practice of Anti-Conceptional Methods* (New York, 1928); Marie C Stopes, *Contraception: Its theory, history and practice* (London, 1923), 6.

regard it as their duty to impart advice only when birth control is necessary on strictly medical grounds.⁴⁵ In contrast, in the American medical hierarchy, private practitioners questioned the necessity for extramural clinical services associated with voluntary agencies or lay reform organizations. The eminent gynaecologist George W Kosmak argued that if clinics were needed for the indigent and diseased, they should be included as 'an essential activity of an established hospital and removed from the domain of a doubtful sentimentality or misguided propaganda.'⁴⁶ In both countries, whilst attitudes were slowly adjusting from outright opposition to an increasing endorsement of contraception, the lack of contraceptive research and the prejudice of untutored physicians hindered the progressive implementation of contraception as a valid medicalized practice. In the particular context of the United States, the legal necessity requiring physician involvement in birth control dissemination forced contraceptive campaigners to actively engage with a medical hierarchy deeply distrustful of lay involvement within their domain. Birth control advocates in both nations faced a struggle to encourage the organized ranks of the medical profession to endorse the legitimacy of their vision of medicalized contraception.

Her natural sphere? Female physicians and birth control

Female physicians, combined with a female nursing staff, predominated in the clinical provision of contraceptive services during the interwar epoch. The birth control clinic offered a new female realm in medicine, akin to women physicians' earlier practice in welfare and child bureau work. Many female physicians, restricted in their professional advancement by prevailing gender norms and prejudices, found a natural affinity in the

⁴⁵ *Report of the Inter-Departmental Committee on Abortion* (London, 1939), 64.

⁴⁶ George W. Kosmak, 'Contraceptive Practices', *American Journal of Obstetrics & Gynecology*, 40, 1940, 653

field of welfare work and social medicine.⁴⁷ Morantz-Sanchez argues that prevailing gendered assumptions shaped notions of the female practitioner as force for nurturance and humanity in the wider medical sphere:

The woman physician had a right to exist because she benefited society, and more specifically, the large majority of women who would stay at home to raise their children. It was understood that the woman physician would always remain exceptional, but supporters claimed for her a more assiduous interest in preventive medicine, a natural ability to work with women and children, and a humanizing effect on the profession.⁴⁸

Amongst female physicians employed in the birth control movement, some doctors delineated the motivations for their activism in gendered terms. Antoinette Konikow, a Russian immigrant involved in the foundation of the Socialist Party, worked as a pioneering birth control advocate based in Boston.⁴⁹ Konikow contended that her participation stemmed from her feminist convictions, reinforced by the tragic experiences of mothers she encountered in her medical practice:

As a woman physician, practicing in the poorer districts of the city, I inevitably became interested in birth control. The fear of pregnancy, the terror of undesired motherhood, which seemed to occupy the whole life of the married woman, was brought to me continually. I knew these women. I knew their husbands, their children. I knew that their health and their economic circumstances absolutely forbade further childbearing. I saw them using the most desperate means to bring about abortions; I saw tears, unhappiness and endless despair. As a woman, I could not send my patients from one self-induced abortion to another. Something had to be done.⁵⁰

Amongst the female medical hierarchy, there existed discordant voices opposed to the implementation of artificial forms of contraceptive practice. In the British medical sphere, a number of prominent female physicians, including some who belonged to the first generation of medical women in practice, condemned the dissemination of contraceptive

⁴⁷ On the work of female doctors in the infant and maternal welfare movements, see Grace L Meigs, *Maternal Mortality from all conditions connected with Childbirth in the United States and certain other countries* (Washington DC, 1917); Morantz-Sanchez, *Sympathy and Science*; Digby, *The Evolution of British General Practice 1850-1948*; More, *Restoring the Balance*; Kriste Lindemeyer, 'A Right to Childhood': *The US Children's Bureau and Child Welfare, 1912-46* (Urbana, 1997) on female medical involvement with the Children's Bureau.

⁴⁸ Morantz-Sanchez, *Sympathy and Science*, 281.

⁴⁹ Linda Gordon, *The Moral Property of Women: A History of Birth Control in America* (London, 2003), 142.

⁵⁰ Antoinette F Konikow, *Physician's Manual of Birth Control*, (London, 1931) 9.

devices as a dangerous threat to the moral and social fibre of the nation. Lesley Hall has examined the response of the Medical Women's Federation, the predominant organizational body of female doctors in Britain, to the birth control question during the early 1920s. Hall posits that the Federation, in all probability influenced by the opposition of such eminent members as Mary Scharlieb and Anne Louise McIlroy, remained circumspect in its position upon the debates on contraception.⁵¹ The Federation issued a resolution castigating the 'public propaganda now being carried on in favour of birth control' in 1921.⁵² Lady Florence Barrett, in her Presidential address a year later, contended that the Federation 'recognizes that public propaganda on the subject is very undesirable and regards the matter as one for private consultation in which every effort should be made to persuade normal healthy individuals to abandon the practice.'⁵³ Others within the female medical sphere viewed contraception as an important element in extending the provisions of welfare. Dr Jane Lorimer Hawthorne, the first consulting physician at the Mothers' Clinic, had been in practice at a welfare centre in London before her involvement with the CBC, and portrayed how her welfare service had resulted in her support for birth control:⁵⁴

As a medical woman having had a considerable experience of infant welfare work – I believe I am justified in saying I know the conditions under which the women of the poorer classes carry out their duties as the mothers of our Race, and I do not hesitate to say I am filled with wonder and admiration at the courage with which they face and overcome the difficulties and dangers which might easily daunt the bravest of men... I am proud to be associated with this movement ... for I believe that in this lies the salvation of our country.⁵⁵

⁵¹ Lesley A Hall, 'A Suitable job for a Woman: Women Doctors and Birth Control to the Inception of the NHS,' in Lawrence Conrad & Anne Hardy (eds.), *Women and Modern Medicine* (Amsterdam, 2001), 141.

⁵² Medical Women's Federation Newsletter, 'Birth Control,' December 1921, 12.

⁵³ Medical Women's Federation Committee, 'Presidential Address,' Lady Florence Barrett, *The Medical Women's Federation Newsletter*, November 1922, 15.

⁵⁴ Hall, 'A Suitable Job for a Woman,' 136. Hall suggests Hawthorne had already started supplying her welfare patients with contraceptive devices before her association with Stopes.

⁵⁵ Jane Lorimer Hawthorne – Birth Control Speech, Queen's Hall meeting, 31 May 1921, BL MS Papers, Add MSS 58566.

As in the context of the wider medical hierarchy, female physicians diverged in their support and acceptance of contraception as a legitimate medicalized measure. Some female physicians, influenced by their past work in welfare activism and preventive health, discovered a natural professional home in the provision of contraception, particularly if, like Antoinette Konikow, they perceived their work in gendered terms. Other physicians, notably in the British context amongst the hierarchy of elder medical stateswomen, remained ill-disposed to the vision of medicalized birth control, postulating that the dissemination of artificial techniques would culminate in nervous disorder and moral decay. On both sides of the Atlantic, the extension of medicalized contraception through specialist clinical facilities served to offer a growing number of women doctors a new domain of influence.⁵⁶

Constructing medicalized birth control

The two organizations, by virtue of the prevailing legal frameworks, strategic group policies, and personal prejudices, had divergent relationships with the medical hierarchy in their respective nations. Both organizations hoped to obtain medical endorsement for the practice of clinical contraception, but each took a different strategy to this endeavour. The medical hierarchy represented a formidable authority in contemporaneous society, instrumental in the shaping of medico-legal social constructions, and serving as the arbiter of the national moral fibre. In the American context, however, the endorsement of the medical profession was a necessity in order to both extend the practice of clinical contraception, and to challenge the draconian Comstock legislation governing the dissemination of birth control. The decision handed down by Judge Crane in 1918, gave

⁵⁶ I profile the clinical work of two ABCL-affiliated physicians in Chapter five; in addition to examining the role of the female nursing staff of the Mothers' Clinics.

authorization to the physician to prescribe contraception 'to a married person to cure or prevent disease.' Crane based his definition of disease upon that given in Webster's International Dictionary, namely:

An alteration in the state of the body, or of some of its organs, interrupting or disturbing the performance of the vital functions, and causing or threatening pain and sickness; illness; sickness; disorder.⁵⁷

This ruling fundamentally changed the nature of the birth control movement in the United States; Sanger and her cohorts made a decision to shift their campaign for birth control from the position of free speech and the right of a woman to voluntary motherhood, towards a perspective which increasingly argued for the right of the physician to practise with autonomy, and to provide medical treatment as they saw fit.⁵⁸

Julie L. Thomas, in her study of the interwar birth control movement, has examined the historiographical debates surrounding the links between Sanger, the ABCL and the medical hierarchy that were forged in the wake of the Crane ruling:

Historians' assessment of Sanger's relationship with physicians ... rest(s) upon whether the linkages were necessary for the survival of the birth control movement, or whether they represented a compromise of her feminist principles. Arguably, it is presentism which leads many scholars to investigate Sanger's connections with the medical community ... reflecting the current debates on medicalization ... Since the 1970s, commentators have pitted women's rights against the demon 'medicalization': they depict a male-dominated profession determining women's destinies, including the enforcement of a patriarchal, western medical treatment model and the over-prescription of medications....to women. Historically then, Sanger's efforts to garner the support of physicians becomes central in exploring the slippery slope of the evolution toward the problem of medicalization today. However, the institutionalization of the profession in the United States is more accurately placed in the late nineteenth century. As a result, the attempt to tie the roots of medicalization with Sanger's efforts to place contraception in the hands of the medical profession is presentist.⁵⁹

In both cases, the two organizations were lay campaign groups agitating for the increased accessibility of a medical technique. Moreover, both associations were striving to

⁵⁷ Quoted in Amy Sarch, 'Dirty Discourse: Birth control advertising in the 1920s and 1930s,' PhD thesis, University of Pennsylvania, 1994, 93-4.

⁵⁸ See Carole R McCann, *Birth Control Politics in the United States, 1916-1945* (Ithaca, 1994), 63-65.

⁵⁹ Julie L Thomas, 'International Intercourse: Establishing a Transnational discourses on Birth Control in the Interwar era', PhD thesis, University of Indiana, 2004, 28.

reposition the image of the movement from its past links with left-wing politics, radicalism and economic doctrines of Malthusianism, in both public and medical minds. In aligning contraception, and the movement for its increased dissemination, with the authority and respectability of the medical hierarchy, campaigners in the two groups sought to reflect upon themselves a new sense of respectability and moral rightness in their crusade. In their constructions of medicalized birth control, the ideological depiction advanced emphasized the scientific, hygienic and health-giving nature of contraception, removed from past ties to vice and obscenity, Comstockian or otherwise. The prevailing challenge for advocates from both groups was to present contraception as a valid form of medical practice when many physicians still doubted its legitimacy and its efficacy.

However, in their need for organized medical sanction, the associations diverged. The legislative framework in Britain did not prohibit the dissemination of contraceptive devices; indeed the Ministry of Health decision to refuse to allow birth control prescription in welfare centres, resulting in the predominant political campaigning of the movement during the 1920s, was dependent upon governmental, rather than medical acquiescence.⁶⁰ Moreover, the CBC clinical programme relied upon nursing staff, rather than physicians, as the mainstay of its operations. Physicians including Jane Lorimer Hawthorne served in a consulting capacity.⁶¹ Whilst the CBC attracted medical support, including the former BMA President Sir James Barr, there existed a great deal of hostility amongst the profession, as indicated in the earlier survey of the contemporaneous British medical press,

⁶⁰ See chapter four; also Soloway, *Birth Control and the Population Question*, chapter 13.

⁶¹ See chapter five; also Deborah A Cohen, 'Private Lives in Public Spaces: Marie Stopes, the Mothers' Clinics and the Practice of Contraception,' *History Workshop Journal*, 35, 1993, 95-112.

towards Stopes, her lay organization, and her clinical enterprises.⁶² Affronted by the antipathy towards her scientific credentials and her endeavours in the contraceptive field, relations between Stopes and the medical profession remained complex, influencing her interpretation of medicalized birth control.⁶³

The CBC advanced a number of inconsistent theories regarding clinical contraception and the medical profession, alternating between perceiving contraception as a medical technique, and alternatively, advocating it as a question of 'hygiene' in the case of the normal, healthy woman:

Birth Control is there used for spacing healthy babies so that the mother may retain her health and the child be born to live. For a healthy woman of that type, birth control is not a medical difficulty at all. It is a measure of hygiene and in a large degree failure is almost negligible if you have properly trained people giving proper simple instruction.⁶⁴

Much of Stopes' rhetoric on medicalized birth control set out to castigate the medical profession for their myriad failings to protect and preserve women's health, and particularly, women's reproductive conditions. Admonishing that the '... the doctors ... must ... have a more fundamental attitude of mind towards their job,' Stopes made frequent reference, in both her writings and rhetoric, importance of contraception as a form of medical practice.⁶⁵ In her guide for the profession, published in 1923, Stopes configured birth control as an essential part of the general practitioner's medical strategies:

The medical practitioner, too long trained as a doctor of disease, is beginning to realize that his prime function is the preserver of health. As so large a proportion of female ill-health can be directly traced to an excessive number of pregnancies in too rapid succession, and to pregnancies under unsuitable

⁶² See chapter two regarding Barr's eugenic beliefs, and chapter four on his role in the CBC.

⁶³ Letter from Dr B, to Marie Stopes, 5 Nov 1922, BL MS Papers, Add. MSS 58562:

'... to call yourself 'Dr' is either intentionally or unintentionally a suggestion that your work is based on medicine is that you make certain that you do no harm in every treatment that you undertake with the object of relief.'

⁶⁴ Marie Stopes, 'Address on Ideals and Practice of Constructive Birth Control,' Cambridge, April 29 1930, BL MS Papers, Add MSS 58635,141.

⁶⁵ Marie Stopes, 'The Health of the Mother and the Child,' 20th Sept 1928, BL MS Papers, Add MSS 58635.

conditions, it is obvious that the proper use of contraception as a fundamental health measure is the practitioner's concern.⁶⁶

Stopes also defended her own scientific authority and knowledge in her condemnations of medical failings. Responding to the criticism of her lack of medical authority, Stopes juxtaposed her understanding on the need for increased dissemination of birth control, with the refusal of the medical practitioner to advise poor mothers how to prevent further, potentially fatal, childbirths:

Ten of thousands of poor women ask for help from their doctors and either get nothing or a light reply or an insult. They go to hospitals for that purpose, perhaps after they have borne eight or ten children full of illness or delicacy, perhaps the doctor will tell them they will die if they bear another child but cannot tell them to stop in any wholesome manner bearing another child. I was astounded. I was not a Dr of Medicine and I had no idea of studying medicine but my elementary physiological knowledge was enough to show me what was urgently needed for the medical profession and for the people of this country.⁶⁷

Stopes condemned that the interests of the private practitioner to protect their income damaged the health and welfare of the poor, by failing to provide them with suitable methods of contraceptive control they could afford, such as the contraceptive sponge and oil method:

... that is not the kind of thing the medical world wants. It is too easy, too simple, too cheap! Yet I assure you it is the kind of thing which the really poor want, and the best and noblest exponents of your profession will realise that it is after all the interest of the poor woman herself which has first of all to be considered.⁶⁸

The medical staff affiliated with the CBC also advanced ideas regarding the nature of medicalized contraception and its clinical practice. Dr Maude Kerslake, a consulting physician at headquarters CBC clinic in London, contended that the average general practitioner had little knowledge of gynaecology with which to treat his female patients. Kerslake argued that gynaecology naturally represented women's work; the dissemination of contraception was also a fundamental element of the gynaecologist's role:

⁶⁶ Stopes, *Contraception*, 7.

⁶⁷ Stopes, 'Address on Ideals and Practice of Constructive Birth Control,' 139-40.

⁶⁸ Marie Stopes, 'Positive and Negative Control of Conception in its Various Technical Aspects', *The Journal of State Medicine*, 1931, 9, 359.

I do find ordinarily speaking that the GP has very little knowledge of gynaecology. I hope as Women Doctors get more to the fore that gynaecology will take a larger place in the Medical work generally, I think it is beginning to already and it will increasingly do as time goes on ... I do not claim that we have the best contraceptives that can be devised by man or woman, but we have methods that can be applied in the most difficult cases. I think on the whole that the study of contraceptives is a gynaecological subject, and I do hope that gynaecologists are going to turn their attention to it seriously.⁶⁹

The CBC strategy for presenting contraception as a medicalized practice largely centred on castigating the current failings of the profession to care for women, injured by years of unfettered childbearing. Stopes and her medical practitioners admonished the medical hierarchy to employ birth control as a gynaecological technique, and to provide working-class patients with methods they could afford to implement. In juxtaposing medical shortcomings with the health-giving benefits of birth control, the advocates of the CBC sought to shame the profession into adopting medicalized birth control as a therapeutic strategy.

In contrast, the ABCL needed the authority provided by association with the medical profession to challenge the prevailing legal structures governing the dissemination of birth control. From its inception in 1921, the League emphasized the need for medical prescription of contraception, advocating in its list of aims and principles the requirement for:

Hygienic and Physiological Instruction by the Medical Profession to mothers and potential mothers in harmless and reliable methods of Birth Control and the imperative necessity of its adoption as the prerequisite to national and racial progress.⁷⁰

In spite of her earlier embrace of the free speech issue, Sanger emphasized that her experiences in Holland seeing the clinical practice of birth control clinics had repositioned

⁶⁹ Dr Maude E Kerslake, On 'Contraceptive Problems of Destitute or Injured Women,' 20th November 1930, BL MS Papers, Add MSS 58636. See Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England 1800-1929* (Cambridge, 1990) on the British gynaecology profession.

⁷⁰ 'Principles and Aims of the ABCL,' 1921, MS SSC Papers, Reel S61.

her views on the necessity of contraception as a medicalized practice. Sanger emphasized that medicalized contraception needed physiological and anatomical knowledge that the lay advocate did not possess⁷¹:

I know now that it is not a question of free speech at all. It is a question of getting the 100% safety method to the mother. This involves special anatomical knowledge, owing to the fact that the best method known today and found to be most reliable is the occlusive pessary, specially fitted to the individual woman's cervix. All physicians in Europe who have had practical experience in this work, testify to the truth of this statement, and also agree that the best results are obtainable when the physician does the fitting and instructing.⁷²

In contrast, the League framed the notion of contraceptive dissemination on the grounds of free speech as unreliable, claiming that even scientific knowledge could not be accurately employed by the laity without medical assistance:

... broadcasting of unreliable information concerning methods of contraception has worked much havoc in many homes – the broadcasting of information generally reliable, but which can only be applied individually, has also worked havoc in homes. I have watched both processes at work, and have concluded that my efforts shall be given toward bringing about the best and safest results to the greatest number of people.⁷³

In addition to Sanger's appeals to the medical hierarchy, the League utilized its physician members to construct the association's vision of contraception as a medicalized practice. Dr Ira S Wile emphasized the practitioner's duty of care to his patients to provide contraceptive treatment to rich and poor alike. He urged the profession to include the therapeutic measure in its education, preventive medicine and general practice services:

Many State Departments of Health advise that pregnancy be avoided but dare not state where or how information concerning the mode of avoidance may be learned. Contraceptive education may be forbidden but in securing this scientific information the rich should have no advantage over the poor. Doctors have a responsibility and they cannot escape it. Medical schools, public health officers, specialists and general practitioners should become familiar with all contraceptive techniques.⁷⁴

League advocates also configured birth control as a medical technique by highlighting the importance of medical education in contraceptives for both students and current

⁷¹ For Sanger's earlier agenda, shaped around free speech, see Gordon, *The Moral Property of Women*;

⁷² Letter Margaret Sanger to Dr S Adolphus S Knopf, 11 Nov 1924, MS Collected Papers, Reel CO3, 220

⁷³ Margaret Sanger to Editor, *New Generation*, January 1925, 10-11, MS Collected Papers, Reel CO3, 236

⁷⁴ Ira S Wile, MD, 'Birth Control: Creation vs. Propagation', *American Medicine*, March 1935, 145.

practitioners. Seeking to include contraception as a key strategy in medical schooling, Eric Matsner, Medical Director of the League during the 1930s, argued that birth control practice represented a fundamental aspect of gynaecological and obstetric training:

The medical profession must be educated to realise that contraception constitutes an integral part of medical practice. Medical students, as well as practising physicians, must be taught the available techniques and the indications for contraceptive advice. These subjects must be made part of all continuation courses in the fields of obstetrics and gynaecology whether they be given by universities or under the jurisdiction of state health departments or other competent auspices.⁷⁵

In its federal legislation campaign, the ABCL structured its vision for repealing Comstockery to centre on the physician's powerlessness to provide therapeutic treatment as a direct consequence of the oppressive restrictions enforced by Section 211. In a speech to the elite New York Academy of Medicine in 1926, Ira S Wile constructed his vindication for the repeal measures by evincing the essential medical tenet of the physician's right to practise was being impeded by the current laws:

It is manifestly contrary to every principle of modern preventive medicine that there should be such interference with the judgment and action of physicians where it seems most rational and medically sound to give advice as to the methods of preventing a condition containing a hazard of life ... Section 211 effectually ties the physician's hands by prohibiting the use of the mails and express companies for the dissemination of contraceptive information and the distribution of contraceptive supplies even to members of the medical profession, thereby putting in jeopardy the lives of countless women.⁷⁶

Moreover, Wile sought to engender support amongst the Academy members by shaping his vision of a post-Comstock Law America through his emphasis upon the augmented activities that the profession would be able to undertake without the oppression of such repressive legislation:

The proposed amendment permits the mailing of such information, supplies and scientific reports by duly licensed physicians to their patients, to other physicians and to printers, and enables bonafide druggists, manufacturers and physicians to mail and receive articles of contraception to and from the medical practitioner.⁷⁷

⁷⁵ Eric Matsner, ABCL Medical Director, 'Birth Control Future Policies as Evidenced by Present Day Trends,' 1938, MS SSC Papers, Box 37, Folder 7.

⁷⁶ Ira S Wile, quoted in Margaret Sanger, form letter to individual members regarding Federal legislation, 1926, MS Collected Papers, Reel CO12, 565.

⁷⁷ Ibid.

After the Crane ruling of 1918, the imperative need to gain the endorsement of the medical profession served to fundamentally restructure the nature of activism for birth control dissemination. From the inception of the League in 1921, Sanger and her cohorts configured clinical contraception as a medical technique; emphasizing in their appeals to the profession, the scientific validity of birth control practice, the right of the physician to prescribe treatment, unimpeded by draconian legislation, and importance of birth control instruction in medical training. By utilizing such logic, the ABCL hoped that the medical profession would begin to perceive their vision of female-centred technologies as a legitimate and indeed, integral, form of private practice, specialty work, and preventive health care.

In their delineations of medicalized contraception, the two associations both sought medical endorsement for their vision of clinical contraception in practice. The CBC, whilst not requiring medical sanction to disseminate birth control, faced hostility from medical practitioners who questioned the credentials and motivations of the organization in encroaching upon the medical sphere. Stopes was determined to defend her scientific authority in the face of such criticism, thus the arguments advanced for medical employment of birth control practice tended to offer a critique of physicians' inability to ameliorate women's reproductive health, without the implementation of birth control knowledge. In contrast, the ABCL depended upon the support of physicians to ensure that its clinical programme could be enacted and extended. In shaping their vision of birth control as a medicalized measure, which could only be properly and suitably dispensed by the practitioner, the ABCL employed the principle of the physician's right to provide

therapeutic care without impediment or restriction. In so doing, the organization immeasurably redefined the parameters of how birth control was to be perceived in American society. In both contexts, the two groups hoped the endorsement of the authoritative medical profession would also extend to their associations, and the wider movement, the respectability and moral sanction they earnestly sought.

Birth Control, Maternal Health and Abortion

The woman comes onto the map of the public conscience only when she is performing the bodily function of producing a child, and indeed during the last 20 years there has been a spate of scientific investigation and of anxious consideration of her health and welfare as the human casket of the precious unborn life. Because maternal mortality figures have not shown that susceptibility to the progress of medical science and the improvement of maternal services that could be desired, medical opinion is now fully alive to the fact that the function of child birth, although a perfectly natural one, is fraught with danger and requires the highest degree of expert study and care.⁷⁸

Contraceptive campaigners utilized the prevailing debates in health and welfare during the interwar decades to construct their arguments for the extended provision of birth control. This section examines the employment of maternal health and anti-abortion debates within their delineation of birth control as a medicalized technique. Concerns regarding maternal health, and fears over rising abortion rates were complex, interconnected questions during this period. Whilst infant mortality levels had fallen dramatically during the health and welfare campaigns implemented in both nations during the first decades of the twentieth century, the rates of maternal mortality and morbidity had begun to increase. It was believed that the augmented mortality rates were connected to the increasing usage of abortion, culminating in a new moral panic regarding the resort to abortion. Birth control advocates utilized these contemporary concerns to construct their clinical method of family

⁷⁸ Margery Spring-Rice, *Working Class Wives: Their Health and Conditions* (London, 1939) 81.

limitation as both a therapeutic treatment to ameliorate poor maternal health, and a medicalized, anti-abortion method.

Existing surveys of the maternal health movement have examined the contemporary concerns arising from the augmented levels of maternal mortality and poor health stemming from childbearing. Irvine Loudon, in his comparative study of maternal health and maternal mortality, argues that in the United States, the variations between individual states in their provision of maternity care were far greater than differences between Western European states at this time. Loudon posits that, in the American context, the influence of regionalism was an important consideration in maternal mortality:

...maternal care in the USA was dictated by local circumstances. Schemes to reform maternal care tended to be isolated and patchy. Because medical care in the USA was primarily a commercialized, competitive, free-enterprise system, most women were expected to pay for maternity care. Some charitable organizations and some state-funded systems existed here and there, but for many women cost prohibited the employment of a trained birth attendant.⁷⁹

In his examination of maternity care in Britain during the same period, Loudon suggests there remained wide variations between levels of care and a lack of medical training in the techniques of obstetrics:

It would be nearer the truth to say that maternal care in the inter-war period was characterized by apathy, patchiness, parsimony in the provision of funds, national and local government, a tendency in medical schools to treat obstetrics as 'midder' – an unimportant part of the medical curriculum, not to be taken seriously, which the student got out of the way as quickly as possible – and by standards of obstetric care which were clearly deficient if not negligent by the standards and knowledge of the time.⁸⁰

Ann Oakley, in her study of the medical care pregnant women received in Britain, posits that groups such as the unofficial Maternal Mortality Committee, together with partners such as the Women's Co-operative Guild, NUSEC and the Fabian Women's Group, were all influential in shaping contemporary thinking upon the maternal mortality issue:

⁷⁹ Irvine Loudon, *Death in Childbirth: An International Study of Maternal Care and Mortality 1800-1950* (Oxford, 1992), 278.

⁸⁰ Ibid, 272.

In identifying as a priority the issue of maternal health and survival, these women's organizations were making the point that the deaths of women in childbearing were the tip of the iceberg of women's health, and women's health was, by any civilized standard, poor in an age characterized, not only by depressed living conditions, but by no access to free medical care for working-class women.⁸¹

Richard A. Meckel has explored the maternal and infant health campaigns conducted in the early twentieth century United States, suggesting that there emerged a new medical focus upon the condition of pregnancy and the question of women's health care:

Medical interest in pregnancy and prenatal care ... developed as part of a larger transformation of childbirth from a social event, managed largely by women, to a medical event managed and controlled by physicians. That transformation involved an upgrading of obstetrics to a modern medical specialty, a transference of decision-making power from parturient women and their families to doctors, and, ultimately, a shift in the birthplace from the home to the hospital. It also involved the increasingly widespread use of invasive birthing techniques and the redefinition of medical attendance at birth from assistance to surgery.⁸²

Scholarship examining the abortion issue in the interwar years has explored a wide array of debates upon the issue, ranging from medical control over women's bodies, female activism to legalize abortion, regional case studies on abortion incidence, and the dichotomy at the heart of medical debates upon abortion.

In her comprehensive examination of abortion in twentieth century Britain, Barbara Brookes argues that the perceived increase in abortion became an increasingly pertinent issue to doctors, the legal profession and the government as a consequence of its connections to rising maternal mortality. Noting that in medico-legal interpretations, the legitimacy of abortion depended upon factors such as her class, age, and the circumstances of pregnancy.⁸³ Leslie J Reagan, in her survey of abortion in the United States during the period of criminalization, contends that in spite of medical involvement with anti-abortion campaigns, physicians continued to conduct illegal abortions within the secret realm of

⁸¹ Ann Oakley, *The Captured Womb: A History of the Medical Care of Pregnant Women* (Oxford, 1984), 68.

⁸² Richard A Meckel, *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality 1850-1929* (Baltimore, 1990) 164.

⁸³ Barbara Brookes, *Abortion in England, 1900-1967* (London, 1988).

their private practice.⁸⁴ Reagan argues that whilst doctors publicly condemned abortion, and attacked midwives for supposed involvement with the practice; they were, in fact, trying to divert attention from their own abortion connection:

...the medical profession's relationship to abortion was laden with contradictions. The regular medical profession led the campaign to criminalize abortion around the country and publicly opposed abortion, yet numerous individual physicians responded to women's requests for abortion and participated in its illegal practice.⁸⁵

Reagan has also examined the role of the State in enforcing reproductive behaviour and sexual norms during the criminalization era:

The criminalization of abortion not only prohibited abortion but demanded conformity to gender roles, which required men and women to marry, women to bear children, and men to bear the financial responsibility of children.⁸⁶

Carroll Smith-Rosenberg and Janet Farrell Brodie have both examined the historical linkages between the medical profession and the practice of abortion in the United States. Smith-Rosenberg contends that abortion became a crucial debate in the struggle waged for control of the medical hierarchy in the nineteenth century. The allopath and the irregular doctor, namely the hydropath and the homeopath, fought to gain dominance over the profession – the allopath, employing the symbol of the aborting woman, took precedence by asserting their role as the moral guardian of society.⁸⁷ Farrell Brodie, in her survey of nineteenth century contraceptive and abortion practices, connects the anti-abortion campaign led by the American medical profession with the anti-contraception social purity drive under the influence of Anthony Comstock. Farrell Brodie posits that both movements were essentially about the control of female sexual and reproductive behaviour.⁸⁸

⁸⁴ Leslie J Reagan, *When Abortion was a Crime: Women, Medicine, and the Law in the United States, 1867-1973* (Berkeley, 1997).

⁸⁵ Ibid, 48; on physicians' accusations towards midwives, 91.

⁸⁶ Leslie J Reagan, "'About to Meet Her Maker': The State's Investigation of Abortion in Chicago, 1867-1940," *Journal of American History*, 77, March 1991, 1240.

⁸⁷ Carroll Smith-Rosenberg, *Disorderly Conduct: Visions of Gender in Victorian America* (New York, 1985).

⁸⁸ Janet Farrell Brodie, *Contraception and Abortion in Nineteenth Century America* (Ithaca, 1994).

Tania McIntosh has explored the significant problem of abortion deaths in interwar Sheffield, examining the linkages between the contemporary debates surrounding maternal mortality and the abortion problem. McIntosh suggests that the interconnections between the two issues were so merged that it proved highly difficult during the period to separate the subjects, and postulates that there is a need for more local studies on the abortion issue to examine the particularities of regionalism influencing the question.⁸⁹

Maternal suffering: maternal mortality and morbidity

In both national contexts, the interwar years witnessed rising levels of maternal mortality, in contrast to the declining rates of infant death. The particularly high rates of puerperal sepsis indicated to contemporaries the dangerous effect of augmented abortion levels. In the United States, escalating rates of maternal mortality ranked the nation last amongst a survey of industrialized nations.⁹⁰ Moreover, the implementation of the Sheppard-Towner welfare measure had little impact upon the rates of mortality, as the figures of maternal deaths began to increase from 1920 onwards.⁹¹ Between 1920 and 1936, rates of maternal mortality did not fall below 61 per 10,000 births.⁹² In 1938, the Children's Bureau estimated that one mother died in the United States every thirty-eight minutes.⁹³

⁸⁹ Tania McIntosh, 'Maternal Mortality, Abortion and Birth Control in Sheffield, 1920-1940,' *Medical History*, 2000, 44, 75-96.

⁹⁰ Joyce Antler and Daniel M. Fox, 'The Movement toward a Safe Maternity: Physician Accountability in New York City, 1915-1940,' in Judith Walzer Leavitt & Ronald L. Numbers (eds.), *Sickness and Health in America: Readings in the History of Medicine and Public Health* (Madison, 1997), 376.

⁹¹ Loudon, *Death in Childbirth*, 370-71.

⁹² Antler & Fox, 'The Movement toward a Safe Maternity,' 376.

⁹³ Eric M Matsner, MD, 'Birth Control Future Policies as Evidenced by Present Day Trends,' 1938, MS SSC Papers, Box 37, folder 7.

In Britain during the 1920s, more than 25,000 women died in childbirth.⁹⁴ The risk of maternal mortality was particularly high with the first birth, falling with the second and third pregnancies, before increasing again.⁹⁵ Loudon has argued that the fertility decline in early twentieth century Britain may have resulted in making childbirth a more dangerous prospect.⁹⁶ Indeed, maternal mortality was a complicated question in which social and environmental influences, such as malnutrition and diet, influenced the rising rates.⁹⁷

The gendered nature of health care provision also served to influence mortality and morbidity rates. The report of the Women's Health Enquiry, published in 1939, revealed that amongst a sample of 1250 British working-class women, 31.3% were classed as being in good health, 22.3% indifferent health, 15.2% in bad health and 31.2% very grave health.⁹⁸ Spring Rice, reporting on the findings of the survey, insisted that the majority of women in the study were forced to ignore their suffering:

It can be confidently stated that these women, (and it would be true of nearly all women living in similar circumstances) do not exaggerate their bad health. On the contrary, bad health almost certainly exists in many dozens of these women who are either not aware of it or do not know what disease they suffer. Many others deliberately ignore it because they realize that the cure is for them impracticable or involves chimerical changes in the social system, for which they do not dare even to hope; in self-protection therefore it is better to cheat themselves into a stubborn assertion of well-being than to add one more torment to their manifold troubles and responsibilities. Lack of education in the matter and of any opportunity of ever having *formed* a high standard of good health means that even without conscious self-deception the woman has a conception of fitness far inferior to that of the more favoured and prosperous sections of the community.⁹⁹

Increasingly, government attention focused upon the maternal mortality question. Dr Janet Campbell, the Senior Medical Officer to the Maternity and Child Welfare Section of the

⁹⁴ Irvine Loudon, 'Childbirth,' in Irvine Loudon (ed.) *Western Medicine: An Illustrated History* (Oxford, 1997)

⁹⁵ Loudon, *Death in Childbirth*, 242.

⁹⁶ *Ibid*, 241.

⁹⁷ Helen Jones, *Health and Society in Twentieth Century Britain* (London, 1994) 64-65.

⁹⁸ Margery Spring Rice, *Working Class Wives*, 28.

⁹⁹ Spring Rice, *Working Class Wives*, 29.

Ministry of Health, was responsible for a number of reports on the question of maternal and infant welfare in the interwar decades.¹⁰⁰ In her 1927 report on maternal mortality, *The Protection of Motherhood*, Campbell argued that maternal and infant mortality needed to be considered discrete questions:

The causes of maternal mortality are indeed different in nature from those of infant mortality...They are less influenced by educational methods; more individual and more personal, more dependent upon the necessary clinical facilities being available, and at one particular moment; and they are, therefore, less susceptible to influence by the methods which have contributed to the great reduction in the infant death rate.¹⁰¹

Maternal mortality was an equally pressing issue for contemporary observers in the United States. The level of obstetric care women received in pregnancy was considered particularly poor, whilst regional variations and the long distances between rural communities also influenced the health provisions women received during pregnancy.¹⁰² S. Josephine Baker, the chief of the New York Bureau of Child Hygiene, claimed that, in the provision of maternity care, 'the United States comes perilously near to being the most unsafe country in the world for the pregnant woman, as far as her chance of living through childbirth is concerned.'¹⁰³ Contemporary surveys undertaken by the Children's Bureau awakened public attention to the rising levels of maternal mortality and morbidity endemic throughout American society. Grace L. Meigs, in a 1917 study for the Bureau, reported that amongst 15,000 women dying in childbirth, puerperal fever was responsible for 7,000 of these deaths, whilst the remaining 8,000 were chiefly preventable:

¹⁰⁰ Oakley, *The Captured Womb*, 71.

¹⁰¹ Janet M Campbell, *The Protection of Motherhood* (London, 1927) 3.

¹⁰² Grace L Meigs, *Maternal Mortality from all conditions connected with Childbirth in the United States and certain other countries* (Washington DC, 1917); Viola I Paradise, *Maternity Care and the Welfare of Young Children in a Homesteading County in Montana* (Washington DC, 1919); Glenn Steele, *Maternity and Infant Care in a Mountain County in Georgia* (Washington, DC, 1923); also see Sandra Lee Barney, *Authorized to Heal: Gender, Class, and the Transformation of Medicine in Appalachia, 1880-1930* (Chapel Hill, 2000) on the provision of maternal health care in isolated rural communities.

¹⁰³ SJ Baker, 'Maternal Mortality in the US,' *Journal of the American Medical Association*, 89, 1927, 2016-17

In 1913 in this country at least 15,000 women, it is estimated, died from conditions caused by childbirth; about 7,000 of these died from childbed fever, a disease proved to be almost entirely preventable, and the remaining 8,000 from diseases now known to be a great extent preventable or curable.¹⁰⁴

‘An epidemic of abortions’: abortion and maternal health in interwar Britain and the United States

Abortion served as a powerful discourse in contemporaneous medico-legal frameworks; prohibitions on the practice of abortion served to maintain control over transgressive female sexuality, to ensure women were kept in maternal roles, and to maintain medical control over women’s bodies. In spite of the criminalization of abortion, many working-class women, in both Britain and the United States, employed abortion as a means of family limitation, using emmenagogues to ensure their menstrual regularity, or resorting to nostrums or instruments to induce their menses.¹⁰⁵ A study on maternal deaths conducted by the Children’s Bureau in 1933, claimed that in 15 states 76% of maternal deaths in pregnancy before the seventh month of gestation were as a result of abortion – in 50% of cases criminally induced, 37% due to miscarriage, and 13% followed therapeutic abortion.¹⁰⁶ The Bureau estimated one-quarter of all maternal deaths were the corollary of abortion.¹⁰⁷ A 1934 study of the Clinical Research Bureau suggested that amongst clients of the centre, for every five pregnancies, one ended in abortion.¹⁰⁸ Dr Frederick J Taussig, a St Louis obstetrician, became the leading national expert on abortion during the 1930s,

¹⁰⁴ Meigs, *Maternal Mortality*, 50.

¹⁰⁵ Brookes, *Abortion in England*. See *Report of the Inter-Departmental Committee on Abortion*, (London, 1939), 28 - quoting 1861 Offences Against the Person Act, Section 58, which criminalized abortion in Britain – ‘Every woman, being with child, who, with intent to procure her own miscarriage, shall unlawfully administer to herself any poison or other noxious thing, or shall unlawfully use any instrument or other means whatsoever with the like intent, and whosoever, with intent to procure the miscarriage of any woman, whether she be or be not with child, shall unlawfully administer to her or cause to be taken by her any poison or other noxious thing, or shall unlawfully use any instrument or other means whatsoever with the like intent, shall be guilty of felony, and being convicted thereof shall be liable...to be kept in penal servitude for life.’

¹⁰⁶ Children’s Bureau, *Maternal Deaths: A Brief Report of a Study made in 15 States* (Washington DC, 1933), 33-36.

¹⁰⁷ Children’s Bureau, *Maternal Deaths*, 35.

¹⁰⁸ Marie E Kopp, *Birth Control in Practice: Analysis of 10,000 case histories of the BCCRB* (New York, 1934), See also Regine K Stix & Frank W Notestein, *Controlled Fertility* (Baltimore, 1940), 82-86.

estimating that 811,000 abortions occurred every year in the United States, resulting in 17,000 maternal deaths connected to the practice.¹⁰⁹ Taussig argued that the menace of abortion was such that all social authorities needed to unite to combat its ill effects:

The plague of abortion differs from other great plagues in history in that the germ it produces it is not bacterial but is closely interwoven with our moral and social system. For its control therefore physicians cannot work alone but must seek the cooperation of social and governmental agencies. Only in this way can we hope to lessen its spread and save the lives of thousands of our young mothers that are now being needlessly sacrificed.¹¹⁰

Contemporaneous observers in Britain also viewed the connection between rising maternal mortality and abortion levels with tremendous concern. Brookes estimates that 521 maternal deaths resulted from the practice of abortion in 1935; figures implied 68,000 abortions occurred per annum.¹¹¹ The Final Report of the Departmental Committee on Maternal Mortality and Morbidity suggested that 'abortion is evidently a factor in increasing importance, especially in certain industrial towns.'¹¹² In a study of high maternal mortality rates in particular areas of Britain, Janet Campbell acknowledged that the abortion rate was a pertinent factor amongst the augmentation in maternal mortality:

Abortion appears to be attempted almost entirely by married women on economic and social grounds, and the greater the poverty and economic distress, and the greater the desire to retain employment, the greater is the temptation to avoid further pregnancies. Apart from its criminal aspect, continued attempts at abortion, whether successful or not, must have a damaging effect on the woman's general health and on her local physical condition. The frequent taking of strong drugs must tend to derange her digestion and increase anaemia and malnutrition, even if it does not lead to definite toxic symptoms. Local inflammatory conditions are likely to be set up which in themselves cause more or less disability, and may react harmfully if the pregnancy continues. Mentally, the woman is often distracted with worry at the thought of another baby when there is not enough money for its support, and the physical strain of a further pregnancy to her own overworked body. Although attempts at criminal abortion for economic causes cannot be justified, it is impossible not to sympathise deeply with an unfortunate woman who feels impelled by circumstances to do what she often scarcely realises to be wrong.¹¹³

¹⁰⁹ Fred J Taussig, MD, 'Abortion through Birth Control,' in Margaret Sanger (ed.), *Biological and Medical Aspects of Contraception: Papers & Discussion presented at the American Conference on Birth Control and National Recovery* (Washington, DC, 1934), 64.

¹¹⁰ Ibid, 61.

¹¹¹ Brookes, *Abortion in England*, 42.

¹¹² Final Report of Departmental Committee on Maternal Mortality and Morbidity (London, 1932), 93.

¹¹³ Janet Campbell, Isabella D Cameron and Dilys M Jones, *High Maternal Mortality in Certain Areas*, (London, 1932), 19.

The medico-legal framework governing the practice of abortion structured anti-abortion debates upon the moral authority of physicians and legislators to make decisions on abortion centred on their technical expertise.¹¹⁴ In a similar vein, the birth control advocates in the ABCL and CBC contended that their vision of medicalized birth control had the potential to ameliorate poor maternal health and prevent the necessity of desperate resort to abortion.

Preserving maternal health, preventing maternal death

In the face of rising maternal mortality rates, and the increasing moral panic on the menace of abortion, campaigners in the ABCL and the CBC inevitably employed the motif of working-class women's poor health and high mortality figures in their advocacy for augmented contraceptive access. Birth control advocates perceived contraception not as a mere palliative to improve health, but as a panacea to restructure the social order; women would be able to plan their families and prepare for pregnancy. Both organizations presented the practice of abortion as both morally and scientifically opposed to contraception; the CBC in particular constructed abortion as a dangerous threat to health, juxtaposing the imagery of healthful, scientific forms of contraception with the unscientific, unhygienic practice of abortion. Moreover, as many women (and doctors) still confused the two practices, the organizations strove to reiterate the benefits of their method to the risk of the abortion procedure.

The deplorable condition of maternal health was a key construct in the CBC arguments for the extended provision of birth control, in which the damage resulting from unrestricted

¹¹⁴ Kristin Luker, *Abortion and the Politics of Motherhood* (Berkeley, 1984) 43.

childbearing, the burdens of working-class life, and the lack of adequate obstetric and gynaecological care available for poor women were portrayed as a national disgrace:

... it is deplorable that we should dare to call ourselves civilized to be without an adequate medical and nursing service for our race, and to think that these women go to hospital after hospital and cannot get treated.¹¹⁵

Dr Maud Kerslake, the CBC gynaecological consultant, also condemned the level of obstetric and gynaecological treatment received by women, acknowledging that whilst in her private practice she encountered women injured following childbirth, cases at the Mothers' Clinic had horrified her:

Perhaps it is hardly fair for me to say things against my own profession, but I am horribly ashamed when I see the results of some of the treatment in different places. Really hospitals that are looked up to by the profession with bated breath turn out the most appalling results in many cases.¹¹⁶

Stopes contended that one element of the CBC work was to alert women to the disease and displacements of which they had no knowledge. She emphasised that whilst no actual treatment was provided by the clinic physician or nurse, one 'of the features of our Headquarters Clinic in the early days was the vast amount of neglected maternal injury which was detected at our Clinic, and women benefited by being put in touch with the right people to help them.'¹¹⁷

Angus McLaren contends that birth control advocates perceived the risk of abortion to be a social as well as a physical threat:

Abortion represented not the harmonious couple but two separate gender cultures in which men demanded their 'rights' and women relied on female networks for support; it epitomized not the consumption-oriented, farsighted, rational middle class but the short sighted, risk-taking working class.

¹¹⁵ Marie Stopes, 'The Health of the Mother and the Child', 20th Sept 1928, BL MS Papers, Add. MSS 58635, 120.

¹¹⁶ 'Dr Maud E Kerslake's Lecture,' *BCN*, March 1924, 2.

¹¹⁷ Marie Stopes to Dr Harry J. Rae, City Health Department, Aberdeen, 7th November 1934, CMAC PP/MCS/C36

Stopes and her colleagues sought to remake not only the fertility control decision but the family that made it.¹¹⁸

In her writings and rhetoric, Stopes made lengthy diatribes against abortion, in the knowledge that for many working-class women, the practice remained an ingrained part of their fertility limitation strategies. Stopes was also seeking to persuade the medical profession of the chasm between safe, scientific birth control, and the practice of abortion. Fusing together an array of theories on abortion, Stopes continually sought to reiterate the comparison between the traditional technique and the new modern clinical method:

... in that terrible underworld of misery and anguish which we stand, self-centred, lazy people so seldom visualize and understand, there is already 'knowledge' of a kind...which is utterly detrimental, utterly unwholesome, and tragic in its effects. The true knowledge which we are bringing to counteract that is clean and wholesome, and is pure physiological information to replace the miserable half knowledge which already exists.¹¹⁹

Employing a eugenicist stance on abortion, Stopes warned that the practice could represent a threat to national health and welfare, threatening the rearing of healthy, fit children. She contended that:

... Our nation must understand that the abortions procured by drugs, dirty instruments, or other physical means, have a lowering and often very serious effect on the general health of a mother, making her physically unfit to bear really healthy A1 children in the future, and not only she but the subsequent children are deteriorated thereby.¹²⁰

The ABCL also employed the usage of abortion and maternal health debates in its arguments to call for the extended dissemination of contraception, but, in contrast to the CBC, avoided provoking the medical profession by castigating its record upon maternal health in quite the same manner. The League utilized its physician members to appeal specifically to the medical fraternity, proposing constructive measures to improve the

¹¹⁸ Angus McLaren, 'The Sexual Politics of Reproduction in Britain,' in John R Gillis, Louise A Tilly & David Levine (eds.) *The European Experience of Declining Fertility: The Quiet Revolution* (Oxford, 1992), 98.

¹¹⁹ Marie C Stopes, 'Birth Control,' Correspondence section, *The British Medical Journal*, August 13 1921, 262.

¹²⁰ Marie C Stopes, *Mother England: A Contemporary History Self-written by those who have had no historian* (London, 1929), 185.

contemporaneous crisis in maternal health care. Eric Matsner, the League Medical Director, urged that birth control should be delivered to poor women by the necessary federal, state or county health care authorities:

...the only effective plan for including contraception among the constructive measures is to have ... public agencies the source of contraceptive information for those women who require it for the preservation of their health. It is my opinion therefore that one of the outstanding needs in the field of maternal health is the recognition of contraception as an essential means to a common end.¹²¹

In its delineation of the menace of abortion, the ABCL emphasised that the majority of women undergoing, and dying from, abortions in the United States were married mothers. League advocates employed the trope of the poor, ignorant mother, lacking other means to control her fertility; they urged that she needed the assistance of the medical profession to supply her with health-giving contraception. Eric Matsner connected the inability of access to inexpensive and reliable means of contraception with 'a tragic waste in women's lives and health. At least one million abortions are performed each year in the US, most of them upon women who are the mothers of several children. Abortion takes a high death toll.'¹²²

The interlinking debates on abortion and maternal mortality during the interwar decades served as a powerful paradigm for the two associations to frame their advocacy for extended contraceptive provision. Depicting medicalized birth control as a healthful measure, in contrast to the death and injury contemporarily associated with childbirth, pregnancy and the desire to prevent childbearing, birth control advocates were seeking to emphasize both to women and the medical profession that the contraceptive could be a vital tool in the campaign against maternal mortality and ill-health. In employing the trope of

¹²¹ Matsner, 'Birth Control Future Policies'.

¹²² Eric M Matsner, MD, 'Contraceptives and the Consumer,' *Consumer's Defender*, December 1935, MS LC Papers, Reel 41, 62, 0201.

abortion as the unscientific alternative to birth control, campaigners were seeking to establish medical parameters for contraception, emphasizing its curative and preventive powers by juxtaposing it with the dangerous practice of abortion.

Conclusion

In depicting birth control as a valid tool in medical treatment, contraceptive campaigners in the ABCL and the CBC faced divergent challenges resulting from the nature of their national medico-legal structures. In both nations, birth control still remained an unknown quantity to many medical practitioners, but the two associations saw in the potential alliance with medical authority the possibility of gaining new support and approbation. The two organizations had to employ divergent strategies in relation to their presentation of birth control as a medicalized technique; the CBC did not require medical sanction to disseminate contraceptives, whilst the ABCL structured its entire legal campaign and strategy around the notion of medical acquiescence for birth control. In constructing its arguments for contraception based upon the physician's right to disseminate treatment as he saw fit, the League used prominent physicians associated with its organization to serve as mouthpieces to the medical profession. Both associations also employed the imagery of maternal ill health and abortion in their advocacy for birth control, emphasizing the medical qualities and health-giving values of contraception in juxtaposition to the disease and death resulting from the failure to control family size. In seeking to ensure birth control became a legitimate medical practice, the ABCL sought closer links to the profession to enable the medical dissemination of contraceptive, whilst the CBC emphasized medical failings and utilized the menace of abortion and maternal ill-health to persuade the profession to engage

with the movement. In both cases, the two organizations hoped that the augmented medical sanction for birth control would extend a new respectability to the wider campaign.

Chapter 4: Building Organizations, Building Movements

The politics of birth control had undergone a clear transition by 1921 from pre-war associations with radicalism, birth strikes and economic doctrines of Neo-Malthusianism. In the place of the firebrand tactics and propagandizing which had been a pivotal part of the earlier campaign, a new strategy was envisaged, encompassing planned families, medicalized techniques and coalitions with scientific and medical authorities. The two organizations established by Stopes and Sanger in Britain and the United States in this year were at the very forefront of this metamorphosis from the revolutionary towards the respectable. The two associations ushered in a new epoch in contraceptive campaigning, creating a framework for reform in which visions of birth control were delineated in eugenicist and medical terminologies, in addition to the essentially feminist arguments underpinning birth control rhetoric. However, this new direction for birth control agitation ushered in an era of internal struggle and strife. Birth control activism was shaped by shifting alliances, conflict arising from policy and personality divergences, and a fragmentation of the wider movement. Friend became foe as self-proclaimed birth control pioneers challenged one another for supremacy of the contraceptive dominion, on both the national and international stage, and organizations denigrated the activities of rival groups daring to offer an alternate vision of contraceptive campaigning.

In this chapter, I examine the scope of the organizational and campaigning activities undertaken by the two groups between their establishment in 1921 and the merger in the American birth control movement of 1938, in which the ABCL was subsumed into the new

contraceptive coalition, the Birth Control Federation of America. The two groups faced divergent social, political and medico-legal challenges in their campaign to make birth control respectable, but also faced numerous common obstacles and conflicts which characterized contemporary contraceptive politics. In considering the aims, personalities and structures behind the organizational strategies, this study will site the work of the two organizations within the context of the wider Anglo-American birth control struggle. In Stopes and Sanger, both the CBC and the ABCL were headed by charismatic but demanding leaders, who wielded a power verging on absolute over much of the organizational enterprises. After Sanger's departure from the ABCL in 1928, the organization underwent a restructuring process which implemented new policy initiatives and introduced a new focus upon professionalizing the League's activities, whilst the CBC remained firmly under Stopes' leadership and campaigning strategy throughout the interwar years, and beyond.¹ Both organizations implemented a campaigning program which included legislative, educational and medical strategies, seeking to challenge the ignorance and common misconceptions surrounding birth control shared by lawmakers and the State, the public and even the medical profession. Forming coalitions with authoritative figures was another key part of the organizational strategy employed by interwar birth control advocates. The two associations, with varying levels of success, strove to forge links with scientists, eugenicists, physicians and other reform-minded groups and professions. Both organizations sought the support of respected individuals and parties, hoping that such alliances would reflect a new sense of authority upon their work, and accordingly deflect any notion of radicalism or taint of obscenity which might linger around the subject of birth

¹ The CBC continued its campaign work until 1958, when Stopes, suffering from terminal cancer, dissolved the organization. June Rose, *Marie Stopes and the Sexual Revolution* (London, 1992) 245.

control. Coalitions between birth control advocates had the potential to strengthen the movement and propel it towards its stated goals. However, in forging close ties with fellow birth control proponents, at home and abroad, the two societies struggled to engage with conflicting visions and competing organizations, albeit with a few notable exceptions. Internal dispute also shaped the activities of the organizations, particularly in the case of the ABCL, wherein the split with Sanger and the resulting enmity between her enterprises and those of the League had a lasting effect on the organization and the wider American movement. Finally, the two birth control associations were operating in a period when social reform movements, associations and professions were faced with the challenge of professionalization and the emergence of a new bureaucratic approach which began to govern the scope and practice of voluntary association activity. During the 1930s, birth control organizations, together with other reform associations, had to decide whether to embrace this transition towards the techniques and strategies of professionalism, which often involved ceding control to other authorities. I contend that the divergent responses of the two associations to this drive towards professionalism ultimately dictated the extent to which they remained as a predominant force in the wider birth control sphere. The ABCL chose to embrace this new model of bureaucracy; the CBC could not countenance any loss of autonomy to a new national birth control organization applying the principles of professionalism, which duly superseded Stopes' group in stature and scope of activities.

Recent historical scholarship on the Anglo-American birth control movement has examined the work of both the ABCL and the CBC in national and international contexts.² The historiography of the American birth control campaign is particularly rich, with a number of significant explorations of birth control activity during the interwar period. Inevitably, the national campaigning work of Margaret Sanger has dominated many studies, but increasingly attention has turned to the question of grassroots activity; a number of studies considering local birth control organizations during this period are emerging.³ Linda Gordon has perhaps authored the key interpretation of the American birth control movement to date, which has subsequently shaped the nature and scope of subsequent surveys. Gordon, in her classic text, *Woman's Body, Woman's Right*, offers a feminist Marxist critiques of the gender and class politics governing the birth control movement in America. Gordon postulates that in rejecting the earlier notion of voluntary motherhood delineated by late nineteenth century feminists and embracing a new vision of sexual liberation, birth control activists failed to appreciate they were constructing a model of sexual and contracepting behaviour based upon sexism and the double standard:

They thought of the risks of sexual intercourse in terms of its consequences – involuntary pregnancy, venereal disease, the physical and economic dependency of pregnant women – but forgot the risks of sexual intercourse itself. A class argument of the nineteenth century feminists had been that in marriage women sold themselves, as sexual as well as house servants, in return for security and that, consequently, withholding sexual favors was one of the few powers that women had, a form of strike. The logic of sexual liberation made such withholding reprehensible, even selfish. The provision of good contraception often made the situation even more difficult for women, depriving them of an excuse for saying so. There was nothing inherent in sexual freedom that challenged the double standard, and, in fact, the double standard was easily adapted to allow the manipulation of women in new ways.⁴

² In this section, I am addressing the historiography which particularly examines the work of the CBC and the ABCL. The following chapter on the clinical practice of the two groups explores the scholarship on contraceptive techniques and contraceptive practice in Britain and the United States.

³ See Marianne Leung, 'Better Babies': The Arkansas Birth Control Movement during the 1930s,' PhD thesis, University of Memphis, 1996; Jimmy Elaine Wilkinson Meyer, *Any Friend of the Movement: Networking for Birth Control 1920-1940* (Columbus, 2004), exploring the work of the Cleveland Maternal Health Association.

⁴ Linda Gordon, *The Moral Property of Women: A History of Birth Control in America* (London, 2003), 163.

Carole R. McCann, in her 1994 text *Birth Control Politics in the United States, 1916-1945*, also advances a feminist Marxist critique on Sanger and her 'Sangerist' cohorts in the interwar campaigns. However, McCann suggests that Gordon's focus upon gender and class politics negates the involvement of racial politics in the birth control movement. McCann also theorizes that in forging alliances with eugenicists and particularly doctors, Sanger established the conditions which allowed a medical hegemony to increasingly dictate birth control practice:

...the medical hegemony over contraception successfully set the terms of women's access to contraception both ideologically and economically. Women's access to contraception depended upon their access to privately funded clinics and fee-for-service physicians, both of which were increasingly structured by physicians' ideological commitments and exclusive authority over pregnancy and childbirth.⁵

Jessie M Rodrique, in her 1991 study, *The Afro-American Community and the Birth Control Movement, 1918-1942*, examining African-American activism in birth control politics, contends that both Gordon and McCann, in their focus upon white elites, have neglected the enterprise and involvement of the black community with the interwar birth control movement.⁶ Other scholars addressing American birth control have considered the feminist implications of Sanger's activism. David Kennedy, James Reed and Ellen Chesler have all viewed the campaigns initiated by Sanger from a feminist perspective; James Reed has argued that Sanger, and the ABCL under her tenure, adopted a pragmatic approach to alliances with other parties seeking to bring birth control under their hegemony.⁷ Julie L

⁵ Carole R. McCann, *Birth Control Politics in the United States, 1916-1945*, (Ithaca, 1994), 96.

⁶ Jessie M. Rodrique, 'The Afro-American Community and the Birth Control Movement, 1918-1942,' PhD thesis, University of Massachusetts, 1991. This is an important debate in the scholarship of the American birth control movement, however, as this is a comparative study examining the predominantly racially homogenous Britain as well as the more racially diverse United States, I will not substantially engage with the question of race and its implications in the politics of the interwar birth control movement.

⁷ David Kennedy, *Birth Control in America: The Career of Margaret Sanger* (New Haven, 1970); James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society since 1830*

Thomas's study of transnational discourse in the international birth control movement has centred on the scope of Margaret Sanger's birth control endeavours outside the United States. Thomas contends there is a need for more comparative research to allow scholars to develop a richer sense of the common connections between national birth control movements:

If the historical scholarship were more international in scope, through a comparative perspective, a deeper understanding of Margaret Sanger and her efforts in the United States would emerge. In addition, historians could explore the interconnectedness of international birth control movements. Specifically, the impact nations had on one another through the exchange of ideas and information on contraception altered the scope and direction of birth control movements around the world.⁸

Recent scholarship examining the British birth control movement has predominantly focused upon the personal politics of birth control practice, rather than the agitation campaigns of reformers.⁹ However, a number of key works address the activities of the wider birth control movement and illustrate Stopes' role in context of the broader campaigns. Richard A Soloway, in his magisterial study *Birth Control and the Population Question in England, 1877-1930*, surveying from the controversy of Bradlaugh and Besant to the Ministry of Health decision to disseminate birth control in welfare centres, illustrates the importance of Marie Stopes and her vision of constructive birth control in signalling a transition in the movement away from the predominance of Neo-Malthusian politics and doctrines towards a broader interpretation of birth control ideology and practice. Soloway emphasizes that the activities of the CBC fundamentally changed the nature of the British movement, as the Malthusian League disbanded and the New Generation League, evidently

(New York, 1978); Ellen Chesler, *Woman of Valor: Margaret Sanger and the Birth Control Movement in America* (New York, 1992).

⁸ Julie L. Thomas, 'International Intercourse: Establishing a Transnational discourse on Birth Control in the Interwar era,' PhD thesis, University of Indiana, 2004, 34.

⁹ See Kate Fisher, 'An Oral History of Birth Control Practice c1925-50: a study of Oxford and South Wales,' DPhil thesis, University of Oxford, 1998; Hera Cook, *The Long Sexual Revolution: English women, sex, and contraception 1800-1975* (Oxford, 2004).

influenced by the model of Constructive birth control, arose in its place.¹⁰ June Rose highlights both the forceful personality and colourful life of Stopes, but also provides a lifetime survey of her work from her dawning interest in birth control, awakened after the non-consummation of her first marriage, to her activities beyond the war years.¹¹ Ellen Holtzman, in her studies of the correspondence received by Stopes requesting contraceptive and sexual advice, argues that, in her highly popular writings on marital sex, Stopes helped forge the construction of new ways of thinking about female sexuality, and consequently, new interpretations of birth control usage.¹² Lesley A Hall has written extensively on the British birth control movement, contending, from a feminist perspective, that whilst Stopes adhered to a conservative, rather than a radical vision of sexuality, marriage and contraception, through her writings and campaigns, her work had an indubitably liberating effect upon women throughout Britain:

Stopes, her writings, and what she meant to thousands, even millions, of women were enormously important. She aided many marriages and helped innumerable women to cope, which may not be revolutionary but was immensely valuable to those concerned, increasing the sum of human happiness. Her very name became a kind of euphemistic metonym for contraception and legitimized erotic pleasure...Above all, she made it possible to talk about female reproductive choice and sexual pleasure, foremothering debates of continuing relevance.¹³

Establishing Organizations

The ABCL and the CBC were both established in 1921, their foundation in part a response to the new enthusiasm in the post-war world for knowledge and advice on sexual and

¹⁰ Richard A Soloway, *Birth Control and the Population Question in England, 1877-1930* (Chapel Hill, 1982).

¹¹ June Rose, *Marie Stopes and the Sexual Revolution* (London, 1992).

¹² Ellen M. Holtzman, 'Marriage, Sexuality and Contraception in the British Middle Class 1918-1939: The Correspondence of Marie Stopes,' PhD thesis, Rutgers University, 1982; Ellen Holtzman, 'The Pursuit of Married Love: Women's Sexuality and Marriage in Great Britain, 1918-1939', *Journal of Social History*, 16, 1982, 39-52.

¹³ Lesley A Hall, 'Uniting Science and Sensibility: Marie Stopes and the Narratives of Marriage in the 1920s', in Angela Ingram & Daphne Patai (eds.) *Rediscovering Forgotten Radicals: British Women Workers, 1889-1939* (Chapel Hill, University of North Carolina Press, 1993), 130.

reproductive matters. Margaret Sanger was already a veteran of birth control campaigning by the time she inaugurated the first American Birth Control Conference in New York in November 1921. Marie Stopes had come to prominence in the national psyche after penning her runaway bestseller, *Married Love*, and together with her husband, Humphrey Verdon Roe, founded the first birth control clinic in Britain in March 1921. Both organizations were set up after large public meetings revealed the extent of public interest in birth control. The 'Constructive Birth Control' meeting filled the large Queen's Hall building in London in May 1921, with speakers including Charles Killick Millard, the medical officer of health for Leicester, JM Robertson, a former Labour MP for Tyneside, who was sympathetic to the needs of the working class woman, together with Dr Jane Lorimer Hawthorne, the consultant at the Mothers' Clinic, and Stopes and Roe.¹⁴ According to an observer, the meeting drew a typically progressive and free-thinking audience, who were suitably impressed with the rhetoric of the main speaker:

...the audience looked very much the same as at a Shaw play, or a Chaucer lecture, or, indeed, at the meeting of any progressive or little-known society. Men were in a minority: some were bearded ... The women were largely of the Hampstead type, sallow and soulful and badly gowned ... I had not heard Dr Stopes speak in public before and so was unprepared for the beauty of her voice, and amazing way in which it carries ... Birth Control is control and not negation, she insisted. Her clinic is not only to prevent the unwanted baby; it is to produce the wanted. She touched on instances of disastrous marital ignorance – ignorance that is only possible through our ignoring the most important subject in life – the subject that is life. The audience listened silent and apparently converted.¹⁵

Richard Soloway suggests the appeal of the new organization, in articulating a vision of constructive birth control, married love and babies in the right places, particularly in contrast to the unappealing and tired doctrines of Neo-Malthusianism, helped quickly foster a new enthusiasm for birth control in 1921:

Within three months of Queen's Hall meeting Stopes and her husband formed the Society for Constructive Birth Control and Racial Progress as a more comprehensive alternative to the troubled Malthusian League ... Constructive birth control, by comparison, seemed modern and uncontaminated.

¹⁴ 'Suggested agenda for Queen's Hall meeting,' 31 May 1921, MS BL Papers, Add. MSS 58589.

¹⁵ A. Ayrton Zangwill, 'Let there be light,' May 1921, MS BL Papers, Add. MSS 58589.

Its deliberately broad mandate allowed people to find in it whatever they wished. As a result, eugenists, socialists, feminists, advocates of population control, proponents of greater sexual freedom, and even defenders of large but planned families found it to their liking.¹⁶

In contrast to the success of the Queen's Hall meeting, the foundation of the ABCL by Sanger and her loyal coterie, many of whom had joined her campaigns during her earlier tenure in the more radical National Birth Control League, experienced a more difficult birth. Sanger, accompanied by the guest of honour, the British economist, Harold Cox, was due to take to the platform to address a special meeting gathered at the New York Town Hall; a police intervention at the behest of the secretary of the Roman Catholic Archbishop Hayes prohibited the meeting from taking place.¹⁷ Sanger and her close ally Juliet Barrett Rublee were arrested, providing the newly formed organization with a wave of immediate publicity and a new focal point for their propaganda campaign.¹⁸ From the very beginning of their activism in the ABCL, Sanger and her co-workers for birth control had to shape their arguments for the increased dissemination around the strict legal parameters in place, long associated with obscenity and vice. In contrast, the CBC was not prohibited by any such rulings governing birth control dissemination; Stopes and her colleagues were free to discuss the birth control question with impunity.

The two organizations both formulated manifestos for birth control immediately after their inceptions; in both cases, the declarations laid the foundations of a far-reaching campaign envisaging the societal changes that would result if family limitation knowledge were to be extended to the working classes. The ABCL agenda utilized both the language of eugenics and the vocabulary of maternalism in articulating their policies, fusing together two central

¹⁶ Soloway, *Birth Control and the Population Question in England*, 217.

¹⁷ See Kathleen A. Tobin, *The American Religious Debate over Birth Control, 1907-1937*, (Jefferson, NC, 2001), 79-81, for further discussion of debates surrounding Sanger's arrest and the Archbishop's intervention.

¹⁸ Margaret Sanger to Editor of *New York Times*, November 15 1921, MS SSC Papers, S2: 60.

constructions of its birth control vision. The League attacked the 'reckless population increase' it perceived to be threatening America, and laid the blame for this firmly at the Church and State, who had combined to deny the working class man and woman vital contraceptive knowledge:

Too often we see incompetence and large families going hand in hand. Those least fit to carry on the race are increasingly most rapidly. People who cannot support numerous offspring are encouraged by Church and State to produce excessively large families. Many of the children thus begotten are sub-normal or feeble-minded; many become criminals. The burden of supporting these undesirables has to be borne by the healthy elements of our nation. Funds that should be used to raise the standard of our civilisation are diverted to the maintenance of those who lower it.¹⁹

The League drew attention to the tremendous implications the lack of contraceptive knowledge had upon the state of women's health, inducing poor and desperate women to resort to the 'crime of abortion, or alternatively multiply the number of child workers and lower the standard of the living.'²⁰ The American group insisted that to create a race of healthy and well-born children, motherhood should be raised up and dignified; children were to be conceived only in love, born of the mother's desire for an infant, and born under conditions which would enable them to join the racially healthy, rather than the dysgenic ranks of the diseased.²¹ Sanger and her colleagues argued that a woman had a duty to realise her position in society, and be conscious of the racial duty she was undertaking by bearing children:

Instead of being a blind and haphazard consequence of uncontrolled instinct, motherhood must be made the responsible and self-directed means of human expression and regeneration ... Therefore we hold that every woman must possess the power and freedom to prevent conception except when these conditions can be satisfied.²²

¹⁹ ABCL, 'What We Stand For: Principles and Aims of the American Birth Control League, Inc,' 1921, MS SSC Papers, Reel S61.

²⁰ Ibid.

²¹ Ibid.

²² Ibid.

In addition to asserting the ideological underpinnings of its birth control vision, the League established the aims governing the scope of its activities. From the start of the 1921 campaign, the organization pursued a research agenda, pledging a commitment to testing scientific techniques of birth control, together with a promise to initiate medicalized contraceptive instruction. Noting its role as the leading national organization on birth control, the League also sought to act as an information clearing house, establishing close links with and providing required information to relevant welfare and public health agencies; the agency also planned to send field workers across the United States to agitate for legal change and establish local chapters and clinic operations. Finally, the League committed itself to a political and legislative campaign, with the aim of persuading American medical and legal authorities of the validity of birth control as a medical treatment and a valid scientific practice:²³

... the corporation shall foster research and investigation into problems of reckless breeding and over population and methods of solving these problems; the education of the American public in the principles of Birth Control, and promotion of legislation to further its practice and the establishment of model clinics to give contraceptive instruction, all as may be authorised by law.²⁴

From the outset of its organized campaign work, the ABCL established the ideological agenda underpinning its birth control vision. The campaigners associated with the League drew upon contemporary notions of motherhood and race, whilst stressing the need for medical involvement in the dissemination of scientific methods of birth control. The manifesto of the Society for Constructive Birth Control also emphasised the need for a scientific approach to the study of contraception. The CBC urged that all should realize 'the fundamental nature of the reforms involved in conscious and constructive control of conception' together with 'the illumination of sex life as a basis of racial progress.' Stopes

²³ ABCL, 'What We Stand For.'

²⁴ ABCL, 'Constitution of the American Birth Control League,' 1921, MS SSC Papers, Reel S61.

and her organization stressed their commitment to study all aspects of the issue, ranging from the individual to the international, the economic to the scientific, and the racial to the spiritual. The British Society also made the dissemination of clinician-prescribed birth control a fundamental tenet in its work, pledging 'to supply all who still need it with the full knowledge of sound physiological methods of control.'²⁵ The tenets of the organization called for a new attitude of scientific enquiry toward sex relations, attacking the 'shame-faced attitude' of the past which had resulted in the sex question remaining outside the realm of legitimate scientific and physiological study. Indeed, it was contended by the Society that the application of scientific contraceptive knowledge to the sex question had positive capacities to uplift rather than denigrate married love:

... the highest spiritual development, the noblest intellectual illustration, and the sweetest romantic possibilities of individual sex experience, are not damaged by sound scientific knowledge, but contrariwise, are enhanced and elevated.²⁶

The CBC also articulated their commitment to eugenic ideologies, condemning the detrimental racial effects inherent in the 'haphazard production of children by ignorant, coerced, or diseased mothers.' It was urged that the very nature of parenthood conveyed power and responsibility; such an undertaking should never be the result of ignorance, coercion or careless accident by dysgenic degenerates 'too careless' to employ contraceptives. Instead, it was envisaged all parenthood should be planned, voluntary and undertaken with knowledge. The Society emphasized its conviction in the virtues of positive eugenics, advancing a conceptualization of healthy, spaced, eugenic motherhood 'producing the largest number of healthy, happy children, without detriment to the mother':

... We are profoundly and fundamentally a pro-baby organization ... We therefore, as a Society, regret the relatively small families of those best fitted to care for children. In this connection our motto has been, 'Babies in the right place', and it is just as much the aim of CBC to secure conception to those

²⁵ CBC letter, 'Racial Progress,' *Time and Tide*, 21 November 1921, 1117-1118.

²⁶ 'An Overcrowded Meeting,' *BCN*, April 1923, 2.

married people who are healthy, childless and desire children, as it is to furnish security from conception to those who are racially diseased, already overburdened with children, or in any specific way unfitted for parenthood.²⁷

In the literature establishing their organizational strategies, both organizations shared a commitment to improving the race and uplifting the overburdened mother, coalescing visions of eugenics and maternalism in their individual interpretations of birth control ideology. However, in keeping with the prevailing ideologies of eugenics in their respective nations, the two organizations advanced divergent constructions of eugenic contraception. The CBC emphasized its adherence to the positive eugenics favoured by British eugenicists in advocating a vision of eugenic motherhood, urging the 'better stocks' to replenish their kind, whilst insisting that the dysgenic be furnished with the security of preventive means. In the United States, where theories of negative eugenics were followed, the ABCL duly envisaged the implementation of a purely negative eugenicist program to prohibit the reproduction of the racially degenerate and diseased. The CBC, in keeping with Stopes' writings and theories on sex in marriage, also proposed that the scientific application of birth control had the capability to enhance and uplift the sexual relation. Both organizations stressed that there existed an urgent need for extensive scientific research in contraceptive practices and techniques; moreover, both organizations shared a belief in clinician-prescribed medicalized contraception administered to those most in need of such therapeutic treatment, and emphasized their commitment to extend this practical element of their campaign to all those who required it. From the beginning of their organizational campaign work, both the CBC and the ABCL articulated their determination to extend access to contraceptive knowledge in clinical practice. These two pioneering organizations

²⁷ 'An Overcrowded Meeting,' *BCN*, April 1923, 2.

perceived birth control as a measure that had the capacity to fundamentally reshape the social forces governing society; they shared this deep-rooted belief that contraception could serve as a panacea for societal woes, in preventing the birth of the diseased, in liberating women from excessive childbearing and the resultant woes of maternal morbidity, and ensuring that parenthood only occurred when the conditions were suitable to raise a child in health and happiness. This absolute ideological conviction in the benefits of birth control shaped the nature of their campaigning work, alliances, and tactics.

Personalities

The colourful personal experiences and private lives of Marie Stopes and Margaret Sanger have been explored in the extant historiography of birth control campaigns.²⁸ Julie L. Thomas, in her study of transnational birth control campaigning, has warned against the danger of too great an emphasis upon the personal lives of female historical personalities:

Scholarship on the development of birth control movements is often centered then, on the depiction of the historical personality. When the key personality is a woman, rather than focus on the professional life of the actor, historians discuss the private life of the individual. As a result, there is a reductionist focus on the female historical figure – away from her actions as a professional or political agent. In its place, the personal life of the actor (actress) is central. The overarching effect of this literature is that it leads readers to consider the work of these women as somehow less thoughtful, less intentioned, or less serious than the efforts of their male counterparts.²⁹

This study focuses upon the ideological and practical campaigns the two associations formed by Sanger and Stopes instigated; it is not, in any shape or form, a hagiographical account of their private lives. However, I contend that, as both women orchestrated and led these two associations for years, and were pivotal in formulating the structures, strategies and ideologies of their respective organizations, it is vital to consider the two dominant

²⁸ Chesler, *Woman of Valor*; Rose, *Marie Stopes and the Sexual Revolution*.

²⁹ Thomas, 'International Intercourse,' 36.

personalities in both the groups, and in the wider birth control movement, during the interwar period.

Born in 1880, Marie Carmichael Stopes, the daughter of a civil engineer and the first woman in Scotland educated to the level of a Masters degree in Arts, was raised in an academic home: her father was an amateur archaeologist, her mother a Shakespearean scholar and feminist.³⁰ Schooled at home by her mother in Latin, Greek, and history from the age five, Stopes later attended the North London Collegiate School; her talent for chemistry was recognized by the headmistress Dr Sophie Bryant, the first woman to take a scientific degree.³¹ Stopes excelled in her botany studies at London University, where she was one of the few female students, taking a first in botany with a third in geology. Completing her doctorate at the Munich Botanical Institute within a year, Stopes became the first woman to be appointed to a lectureship at Manchester University, teaching botany in an assistant role.³² Her academic success continued: she became the youngest Doctor of Science in Britain in 1905.³³ In 1911, after a short courtship, Stopes married the Canadian geneticist Reginald Ruggles Gates. The union was not a success. Stopes later claimed that her inspiration for *Married Love* came from her personal experience of matrimony, for 'in my own marriage I paid such a terrible price for sex-ignorance that I feel that knowledge gained at such a cost should be placed at the service of humanity.'³⁴ Stopes was increasingly

³⁰ Rose, *Marie Stopes and the Sexual Revolution*, 1-2.

³¹ June Rose, 'The Evolution of Marie Stopes,' in Robert Peel (ed.) *Marie Stopes, Eugenics & the English Birth Control Movement* (London, 1997) 16-17; 20.

³² Rose, *Marie Stopes and the Sexual Revolution*, 33.

³³ *Ibid*, 41.

³⁴ Marie Stopes, *Married Love* (London, 1918), 11. Gates disputed her claim in a testimony after the annulment of their marriage. He claimed Stopes was 'supersexed to a degree which was almost pathological.' 'I was probably clumsy at first, through lack of experience, but we were soon having intercourse frequently enough to satisfy a normal woman. ...She no longer desired to have a child by me because her desires and

drawn to the study of sex questions, and consequently, contraceptives. In 1915 she began writing *Married Love*, seeking the advice of doctors and sexologists such as Edward Carpenter, whom read an early draft of the manuscript and encouraged her endeavours. The publication of *Married Love* in March 1918 met with enormous success both critically and commercially; 2,000 copies were sold in the first two weeks, six editions were published in its first year. *Wise Parenthood*, her guide to the birth control techniques alluded to in *Married Love*, was published in November 1918.³⁵ In the same year, Stopes met and married Humphrey Verdon Roe, the scion of a wealthy Manchester family, who shared her vision of birth control; with his financial support, they established the Mothers' Clinic in March 1921, and founded the Society for Constructive Birth Control two months later.³⁶ Stopes was a complex character: a visionary possessed of incredible energy, determination and a remarkable self-belief, nonetheless she was a poor co-operator and highly sensitive to perceived slights and criticism. In the first issue of the *Birth Control News* in 1922, she penned a self-portrait, albeit one written in the third person, detailing her indefatigable qualities engaged in the fight for birth control:

Impreguably honest, utterly fearless, incorruptible by the worldly lures which tend to weaken and deflect most reformers, yet, sane, scientific and happy...Dr Stopes, hating all conflict, is fighting on behalf of others.³⁷

Others perceived her somewhat differently. Dr Robert Latou Dickinson, in a 1924 medical survey examining the spread of birth control centres, portrayed Stopes as 'an authority,

aims were already set in a different direction. The use of contraceptives, however, detracted from the joy of these experiences for me and doubtless acted as an impeding factor in my own sexual activity.' Quoted in Rose, *Marie Stopes and the Sexual Revolution*, 78-79.

³⁵ Claire Davey, 'Birth Control in Britain during the Interwar Years: Evidence from the Stopes Correspondence', *Journal of Family History*, 13, 3, 1988, 332.

³⁶ See Margaret Sanger to Juliet Barrett Rublee, 12 June 1921, MS Collected Papers, Reel C1:695-700, on Roe's financial support for Stopes' birth control work.

³⁷ Quoted in Richard A Soloway, 'The Galton Lecture 1996: Marie Stopes, Eugenics and the Birth Control Movement,' in Peel (ed.), *Marie Stopes, Eugenics and the English Birth Control Movement*, 71.

forceful, eager, critical and discursive.’³⁸ Writing after Stopes’ death in 1958, the birth control advocate, feminist and NUSEC activist, Mary Stocks, described the birth control pioneer as:

... a woman of superabundant vitality & considerable intellectual distinction. The first drove her with refreshing gusto into a number of unrelated activities. The second made her a notable paleobotanist and an inspired propagandist, but stopped short at a point where she could assess the effect of some of her oddest words and utterances on other people. The result was a vanity which was so uninhibited as to be positively engaging – though it made her difficult to work with on committees because she was not disposed to compromise with anybody else’s way of doing things. These qualities were combined with a warm solicitude for human welfare, so that if she encountered personal suffering, unhappiness or frustration, she was determined to put it right – in her own way.³⁹

Margaret Higgins Sanger was born in Corning, New York State, in 1879; the daughter of an Irish immigrant active in socialist politics, her family was large and Roman Catholic.⁴⁰ After training as a nurse, she married the architect William Sanger, who shared her interest in left wing politics. Following the birth of their three children, the Sangers began in 1910 to attend adult education classes taught by the radical Emma Goldman, who had ties to anarchists and free lovers.⁴¹ Joining the Socialist party, Sanger worked as an organizer for its Women’s Commission, drawing upon her nursing experience to lecture upon venereal disease, social hygiene and the need for increased sex education.⁴² Sanger forged closer links with the Industrial Workers of the World organization in 1912, which pursued a more revolutionary agenda than the Socialist party; she also published a range of articles in *The Call*, a weekly socialist journal, discussing sex questions entitled ‘What Every Girl Should

³⁸ Robert Latou Dickinson, MD, ‘Contraception: A Medical Review of the Situation: First Report of the Committee on Maternal Health of New York’, *American Journal of Obstetrics and Gynecology*, November 1924, 8, 599.

³⁹ Mary Stocks, ‘Dr Marie Stopes’, *Family Planning*, 7, 4, 1959, 2.

⁴⁰ See Margaret Sanger, *An Autobiography* (New York, 1938), 11-23.

⁴¹ John M. Murphy, “‘To Create a Race of Thoroughbreds’: Margaret Sanger and *The Birth Control Review*”, *Women’s Studies in Communication*, 1990, 13, 28-29.

⁴² Gordon, *The Moral Property of Women*, 143; Reed, *From Private Vice to Public Virtue*, 80. Gordon suggests that Emma Goldman’s interest in birth control predated Sanger’s by over ten years – in 1900, after attending the first Neo-Malthusian conference in France, she returned to the United States with contraband contraceptive devices to disseminate to working-class women.

Know.’ The articles aimed to educate women both as to the threat posed by venereal disease, and the necessity for family limitation knowledge denied by Comstockery. However, Sanger’s radical mission to educate American womanhood on these pertinent issues was threatened by the United States Post Office. It deemed an article on syphilis in this series contravened the laws governing obscenity; under the Comstock laws, it could not lawfully be mailed.⁴³ Sanger increasingly began to devote herself solely to the cause of birth control. In 1914, she published *Family Limitation*, a sixteen-page tract discussing contraceptive techniques. Even at this early stage in her campaigning work, Sanger advocated use of the female-centred diaphragm technique, but also examined douching (which she advocated as a hygienic technique, but denigrated its contraceptive powers), condoms and suppositories.⁴⁴ More than 100,000 copies of *Family Limitation* were disseminated in the United States, circulated by Industrial Workers of the World activists and other radicals.⁴⁵ In March 1914, Sanger founded a radical birth control journal, *The Woman Rebel*, with the subtitle, ‘No Gods, No Masters!’ In 1914, in the pages of *The Woman Rebel*, Sanger announced the establishment of a new birth control group, the National Birth Control League:

We want the help and co-operation of all enlightened women – mothers and potential mothers, who see the danger and criminality of reckless and indiscriminate childbearing – women who are not afraid to learn the physiology of their own bodies.⁴⁶

However, yet again, Sanger had offended the laws of Comstockery. In 1914, she was indicted on nine counts of violating federal statutes by publishing obscene material in *The Woman Rebel*.⁴⁷ Fearing a lengthy prison sentence, Sanger fled to England. She fostered

⁴³ Gordon, *The Moral Property of Women*, 143.

⁴⁴ Margaret Sanger, *Family Limitation* (New York, 1914),

⁴⁵ Kennedy, *Birth Control in America*, 72.

⁴⁶ Margaret Sanger, ‘The Birth Control League,’ *The Woman Rebel*, July 1914, 7.

⁴⁷ Sanger, *An Autobiography*, 112-120.

close ties during her stay with the Neo-Malthusian Drysdales and developed a deep friendship with the sexologist Havelock Ellis, who played a pivotal role in refining her thinking on sexuality and eugenicist debates.⁴⁸ The arrest of her spouse, by Anthony Comstock in 1915, on the grounds of disseminating a copy of *Family Limitation*, brought the sojourn in Europe to an end. Sanger returned to the United States, renewing her attack upon Comstockery once more. She urged that 'Comstockery must die! Education on the means to prevent conception and publicity on Comstock's actions is the surest weapon to strike the blow.'⁴⁹ At this stage of her career, Sanger began to construct a network of female supporters who would offer financial assistance and loyal friendship throughout her involvement in birth control activism. Her close allies Juliet Barrett Rublee and Frances Ackermann were both heiresses; they established the New York Women's Publishing Company to provide support Sanger's campaigning endeavours, including the *Birth Control Review*, founded in February 1917.⁵⁰ The 1918 ruling by Judge Crane in New York State, permitting the medical dissemination of contraceptives in cases of disease, dramatically changed the direction of Sanger's reform arguments. The legal precedent established a medico-legal framework for legitimate contraceptive treatment centred on a medicalized, physician-centred model of clinical practice. Sanger and her allies embraced the strategic decision to realign their arguments for contraceptive care in order to conform to the principles of the ruling. This tactical decision dramatically narrowed the parameters of birth control politics. Rhetoric invoking the demands of free speech and voluntary

⁴⁸ Kennedy, *Birth Control in America*, 115.

⁴⁹ Margaret Sanger, 'Comstockery in America,' *International Socialist Review*, July 1915, 49. William Sanger was imprisoned for thirty days; at his trial, Anthony Comstock caught a cold – he died several days later. See Margaret Sanger to Marie Stopes, October 11th 1915, CMAC: PP/MCS/A304.

⁵⁰ On Juliet Barrett Rublee and long-time friendship and support of Sanger's birth control activities, see Ellen Chesler, Sanger interview, Family Planning Oral History Project, August 1976, Schlesinger Library, Radcliffe Institute, Harvard University; on Frances Ackermann see Sanger, *An Autobiography*, 260-261

motherhood would not engender the medical hierarchy to associate themselves with the contraceptive movement. Following the Crane decision, birth control advocates began to recast their campaigns for contraceptive dissemination around the demand for scientific, clinician-prescribed methods; the links between radicalism and birth control politics had been immutably severed. Like Stopes, Sanger was imbued with a prodigious vision, zeal and passion for birth control politics; she also shared Stopes' need to dominate and dictate to subordinates, particularly in the case of other women. Sanger was, however, prepared to adapt her conceptualizations of birth control in order to acquire the endorsement of the medical hegemony and eugenicist fraternity; a key element in the strategy to challenge the existing legal framework. The campaigning tactics employed by Sanger suggest an implicit awareness of the pivotal need to further the movement by forging alliances, regardless of the costs often inherent in such associations. In pursuing the politics of pragmatism in her campaigning strategy, Sanger ensured that the organizations she initiated maintained close connections to more powerful protectors.

Organizational Structure

Whilst the two organizations shared many common commitments to the birth control cause, the CBC and the ABCL implemented divergent practices and procedures in the daily operations of the campaigning work. The CBC was organized upon centralized lines; the ABCL, in contrast, established a federal system wherein local affiliated leagues or chapters maintained a certain level of autonomy within the organizational framework. Stopes instituted a strict chain of command in Society operations; likewise, Sanger, during her tenure as President, ruled over the League as if it was her own personal dominion. A survey

examining the League's activities in 1938 claimed that 'as far as operation was concerned, the League for some years was very much of a one woman organization.'⁵¹ In both associations, the hierarchy included both male and female members; in general, women predominantly filled the administrative roles in the organizations, whilst male participation chiefly involved serving in an advisory capacity or as a member of the Board.

In her capacity as self-appointed President of the Society for Constructive Birth Control, Stopes had ascendancy over the operations and activities of the organization. She edited the Society journal, the *Birth Control News*, insisted upon receiving constant communications from her clinical and administrative staff members during her absence from headquarters, lest she miss any vital information, and otherwise oversaw the complete operational activities of the group. Whilst Stopes had co-founded the Society and its clinical operation with her husband, Humphrey Verdon Roe, the latter was forced to serve in the subordinate position of Honorary Secretary in the organizational hierarchy. In spite of Roe's financial backing for the group, and his long-held commitment to birth control work, he held virtually no autonomy within the society. Despite involving himself thoroughly with the daily undertakings of the Society, Roe was given little opportunity by his wife to direct policy or to shape the scope of organizational activities. However, upon occasion, Roe was asked to carry out unpleasant or difficult duties on behalf of the President, as seen in the case of calling for the resignation of an insubordinate local committee.⁵² The Society appointed a number of celebrated individuals to serve in the largely ceremonial role of

⁵¹ 'Survey of the ABCL, Summarised Factual Report with Analysis and Conclusions to the Joint Committee representing the ABCL and the BCCRB in the interests of co-ordination, Submitted by D Kenneth Rose and George Aubrey Hastings,' October 3 1938, MS SSC Papers, Reel S61.

⁵² HV Roe to Mrs Akers and Mrs Scarr, 31 July 1934, CMAC PP/MCS/C18

Vice-Presidents. Amongst their number, the group counted Edward Carpenter, the freethinker and sexologist, Sir James Barr, a former president of the British Medical Association and a committed eugenicist, the biologist Julian S Huxley, the American eugenicist David Starr Jordan, and the suffragists Maude Royden and Lady Constance Lytton.⁵³ Stopes sought the co-operation of Havelock Ellis, the father of British sexology, for her organization, in spite of his initial refusal on the grounds of his policy of non-participation in any group. In correspondence from April 1921, she urged to consider merely the association of his name with her enterprises:

You say that your health would debar you from becoming one of our Counsellors. I think perhaps that I did not make it clear that I am asking for nothing whatever in the way of work or trouble, but was merely hoping that we might have your name associated with this first Clinic in our country, for you have been such a pioneer in these subjects I should be sorry this historic first Clinic should not be linked on to your work in some way. We are asking of you, however, neither work nor time nor anything – just the mere expression of your interest, and if you prefer it I will undertake that not the smallest work or worry, not even a letter once a year about the Clinic will ever trouble you.⁵⁴

Ellis eventually agreed to her persistent invitations for his participation, although as Richard Soloway notes, ‘when soon after she began quarreling with the Neo-Malthusians and with Ellis’s beloved friend, Margaret Sanger, he regretted his mistake in deviating from his earlier position and insisted that his name be removed from the rolls of the CBC.’⁵⁵ The CBC also formed an Executive Committee to help oversee its daily operations. Whilst its membership included individuals such as Lord Russell, the agenda of the Committee very much reflected Stopes’ personal concerns, antipathies and vision for the organization.⁵⁶ Committee records recount numerous debates on legal action initiated by the patron, difficulties ensuing with provincial clinic committees and problematic relationships with competing birth control associations. In 1922, the formation was announced of a Medical

⁵³ General Meeting, 23 October 1924, MS BL Papers, Add. MSS 58589

⁵⁴ Marie Stopes to Havelock Ellis, 12 April 1921, CMAC PP/MCS/C1

⁵⁵ Soloway, *Birth Control and the Population Question in England*, 218.

⁵⁶ CBC Executive Committee meeting agendas and minutes, BL MS Papers, Add. MSS 58589-90

Research Committee, 'to keep our Society informed as to the current scientific position of the hygiene of contraception.'⁵⁷ The committee included the medical Vice-Presidents of the association, prominent gynaecologists and obstetricians, together with the two consulting physicians at the Mothers' Clinic, Dr Jane Lorimer Hawthorne and Dr Maude Kerslake. Stopes and two biologists formed the scientific contingent of the committee.⁵⁸ The committee reported that, given the importance of the subject matter, it desired to 'observe and investigate carefully' the current debates surrounding contraception. The group naturally endorsed the contraceptive techniques favoured by Stopes, declaring

The Medical Research Committee of the Society for Constructive BC and Racial Progress wishes to place on record its joint and several opinion that the methods now used at the Mothers' Clinic are the best known at the present time.⁵⁹

In spite of the presence and participation of medical members, the agenda pursued by the research committee very much demonstrated Stopes' own particular concerns regarding perceived threats to her supremacy. The group debated the establishment of non-CBC clinics and criticism of Stopes by the rival birth control advocate, Dr Norman Haire, in *The Lancet*, in addition to the discussion of broader movement concerns including the appointment of a Roman Catholic Minister of Health, and committee investigations into contraceptive techniques.⁶⁰ In addition to their participation in the research committee, the two consulting physicians at the Mothers' Clinic, Dr Hawthorne and Dr Kerslake, both served as active members of the society, lecturing under the auspices of the CBC.⁶¹ Dr Kerslake affirmed her commitment to the birth control cause, informing Stopes that 'I shall

⁵⁷ 'An Overcrowded Meeting,' *BCN*, April 1923, 2

⁵⁸ CBC Medical Research Committee Statement on Contraceptives, ND, 1924, MS BL Papers, Add. MSS 58590, 196-197.

⁵⁹ Ibid.

⁶⁰ See CBC Medical Research Committee agenda, 17 Nov 1922; CBC Medical Research Committee minutes, 30 Jan 1924; CBC Medical Research Committee meeting agenda, 4TH December 1924, BL MS Papers, Add. MSS 58590

⁶¹ 'Dr Hawthorne's Lecture,' *BCN*, Jan 1923, 2; 'Dr Maud E Kerslake's Lecture,' *BCN*, March 1924, 2.

be pleased to join the Society feeling as I do that enlightenment on the subject is most necessary.'⁶²

Others members of the CBC organizational structure included a number of headquarters staff who orchestrated the daily undertakings of the group. Stopes' insistence upon maintaining rigorous authority over her domain resulted in regular missives being dispatched to headquarters demanding regular reports of staff undertakings, combined with lists of instruction for employees to take responsibility for. Employees were often sent out to investigate any suggestion of abortionists trading upon Stopes' name or that of the association.⁶³ Stopes also appointed a travelling representative in 1926 to raise the profile of the organization and augment financial support. A former worker in the Charity Organization Society, Bertram Talbot canvassed wealthy potential patrons in the hope of attracting a generous new donor:

My twelve years service with the Charity Organisation Society has taught me that there is a widespread need for such information and skilled help as the CBC freely provide the poor who seek it. ... I have joined the staff of the CBC, to devote my full time to furthering its objects. We want to create an informed and healthy public opinion on sexual subjects, and to win supporters.⁶⁴

Exact figures on levels of CBC membership are not forthcoming, although Soloway suggests that within weeks of establishment, the group had attracted more members than had ever affiliated with the Malthusian League.⁶⁵ Stopes claimed during the early years of its formation that although membership was increasing, many people were too selfish to engage with the cause of birth control on behalf of others:

⁶² Maude Kerslake to Marie Stopes, 23 March 1923, BL MS Papers, Add. MSS 58567.

⁶³ See Marie Stopes to Marion Stallard, 29th Jan 1936, CMAC PP/MCS/C9; Marie Stopes to Mrs Bootle, 14 November 1929, CMAC PP/MCS/C8

⁶⁴ Bertram Talbot, Form letter to potential patrons, BL MS Papers, Add. MSS 58597.

⁶⁵ Soloway, *Birth Control and the Population Question in England*, 217.

... the increasing numbers of new members is very encouraging, often we have as many as 6 or 8 a day. But of course you realize that the people who actually join the Society are exceptional people and self sacrificing, a large number of people only want help for themselves and their own particular case.⁶⁶

However, the system of centralized control instituted by Stopes, combined with her insistence upon stringent adherence to her principles, essentially resulted in the societal activities remaining on a small scale. Stopes' megalomania, her complete inability to delegate authority to others, and her failure to allow them any sense of autonomy within the CBC operations, meant that the society could never truly operate as a national campaigning organization, in spite of its broad membership base and prominent allies.

In contrast, the American approach to birth control organization was to establish a federal, decentralized system of activity, with headquarters based in New York City, and affiliated branches and chapters operative at grass-roots level. Margaret Sanger headed the League operations from 1921 until 1928, although for a brief period in 1927, during her stay in Geneva whilst organizing the World Population Conference, the post was temporarily filled by Eleanor Dwight Jones, a long-time member of the Board of Directors, who had been an active suffragist and clubwoman. Dwight Jones replaced Sanger in the Presidential role after the latter's permanent departure, orchestrating ABCL activities until 1934. Catherine Clement Bangs, another long-serving member, took charge of operations until 1936, when the first male President of the League, Dr Clarence Cook Little, a geneticist and President of the University of Michigan, was appointed to the role. The League established a fifteen member-strong Board of Directors, to oversee organizational activity. In 1921, women comprised 81% of Board members; by 1937, female participation on the Board had fallen

⁶⁶ Marie Stopes, Lecture, 1922, BL MS Papers, Add. MSS 58635

to 63%.⁶⁷ Members of the Board included clubwomen and suffragists, including associates of the League of Women Voters.⁶⁸ The Board also had the responsibility of appointing from its personnel an Executive Committee of five members, undertaking the senior roles of President, Vice-Presidents, Treasurer and Secretary. According to the Constitution of the League, these roles were to be held for one year before members were re-elected; although during Sanger's tenure in the League, these positions were chiefly undertaken by her closest allies. Naturally, Sanger's own Presidential position was secure from challenges.⁶⁹ The position of treasurer was held from the League's inception by her second husband, J Noah Slee, a prominent Manhattan businessman, who supplied large financial donations to aid the running of the organization.

To foster support for their organizational operations, the ABCL inaugurated a National Council of prominent figures, including a fraternity of eugenicists numbering amongst them the Harvard professor Edward M East, the Johns Hopkins biologist Raymond Pearl, and the zealous eugenicist author Lothrop Stoddard. Medical interests were represented by William Allen Pusey, the former President of the American Medical Association, whilst feminist members included the suffragists Florence Guertin Tuttle and Mary Winsor, and the Hull House settlement worker Dr Alice Hamilton.⁷⁰ The League also established a Clinic Advisory Council of specialist members to guide the operations of the Clinical Research Department founded in 1923. Participants included the eugenicist Leon J. Cole,

⁶⁷ American Birth Control League, Inc, 'Officers and Board of Directors', 1921, MS SSC Papers, Reel S61; ABCL, 'ABCL Board of Directors,' 27 January 1937, MS SSC Papers, Reel S61.

⁶⁸ Sanger, *An Autobiography*, 393.

⁶⁹ Constitution of ABCL, MS SSC Papers, SSC, Subseries 2, Reel S61.

⁷⁰ ABCL Officers and Board of Directors, Subseries 2, Reel S61, 1921.

Raymond Pearl, CC Little, and the Johns Hopkins medical professor, Adolf Meyer, who offered expert advice to Sanger and her clinical providers.⁷¹

The League established a number of departments to focus upon different elements of its campaign strategy. Margaret Sanger received tens of thousands of letters, including many sorrowful epistles from women desperate to learn methods of family limitation. The League formed a Motherhood Department with the sole purpose of responding to this vast correspondence enquiring how to access contraceptive instruction. A 1925 report issued by the department revealed the extent of the correspondence, and highlighted the League's response to administer help to those in need:

We have received and answered 28, 384 so called Mother letters during the year 1925. These letters come from all over the world, are of many types and from all walks of life, and, although we call this the 'Motherhood Department', we have many earnest pleas from husbands, prospective husbands and fathers. The name Margaret Sanger seems to be a magnet that attracts suffering humanity, and we are asked to help with material, physical, mental and moral support, with the ultimate object Birth Control.⁷²

The Motherhood Department assisted its correspondents by trying to facilitate women's access to medical birth control. Requests from New York, Los Angeles and Chicago were sent to the League-affiliated clinics in those cities, whilst other correspondents were placed in touch with local doctors who had signified their willingness to the League to advise in contraceptive techniques. In the majority of cases, however, the League could not directly assist applicants, other than to 'ask the name of the family physician and write to him asking if he will co-operate with our doctors in helping cases referred to him and assuring him that advice as to methods and supplies will be furnished upon his consent.'⁷³ The

⁷¹ Margaret Sanger to Leon J Cole, 21 August 1924, MS Collected Papers, Reel C3: 177.

⁷² Bertha Potter Smith, 'ABCL Motherhood Department, MS SSC Papers, Reel S61, 12 Jan 1926.

⁷³ Ibid. See also on the work of the Motherhood Department, Alice C Boughton, 'ABCL report on the Mothers' letters, 1932, Recommendations to the Board of Directors of the ABCL Concerning the 'Mothers'

League also used this correspondence in their propaganda campaigning. Sanger's 1928 text *Motherhood in Bondage* was a collection drawn from this correspondence, recounting the pitiful circumstances afflicting many women without access to birth control knowledge.⁷⁴ *The Birth Control Review* also regularly published articles featuring correspondence received by the Motherhood Department, to highlight particular themes in the birth control campaigns, such as accounts of maternal ill health and queries regarding sterilization.⁷⁵ Sanger claimed that this emotive correspondence galvanized her spirit and determination to extend dissemination of scientific birth control:

Whenever I am discouraged I go to those letters as to a wellspring which sends me on reheartened. They make me realize with increasing intensity that whoever kindles a spark of hope in the breast of another cannot shirk the duty of keeping it alive.⁷⁶

Forging closer alliances with the medical fraternity was a key facet of the League campaign. The ABCL increasingly realised the need for a designated medical director on their staff to lecture, advise and instruct medical audiences. In 1925, Sanger appointed Dr James F Cooper, an English-born gynaecologist with a private practice in Boston, and connections to the Boston Medical School.⁷⁷ Cooper's salary and expenses were to be in the region \$10,000 per annum – a premium in 1925 even for a medical professional. As the League's financial situation would not permit this extra expenditure, Sanger was forced to beg Noah Slee for the extra funds to employ Cooper:

Letters,' MS SSC Papers, Sub Series 2, Reel S61; Alice C Boughton, "What 7309 'Mothers' Want,' *BCR*, Jan 1933, pp 8-11, 26-27.

⁷⁴ Margaret Sanger, *Motherhood in Bondage* (New York, 1928).

⁷⁵ See for example, 'The Guiding Power of Mother Love,' *BCR*, August 1923, 7, 8, 202-203; 'Sterilization: Letters from Mothers Who Want to Know,' *BCR*, 12, 3 March 1928, 86-87.

⁷⁶ Sanger, *An Autobiography*, 362.

⁷⁷ Margaret Sanger to Raymond B Fosdick, Rockefeller Office of the Messrs, 11 April 1925, MS Collected Papers, Reel CO3, 461.

It is estimated that Dr Cooper will cost about \$10,000 salary and expenses for 1 year. His work will be to lecture before Medical Societies and Associations – getting their cooperation and influence to give contraceptive information in clinics, private and public.⁷⁸

Other organizational activities included field work and legislative campaigning. Anne Kennedy, a former California clubwoman who had first worked for Sanger in 1920, in boosting the circulation of the *Birth Control Review*, took on the role of Legislative Secretary, campaigning for the League's federal agenda in Washington DC.⁷⁹ The ABCL also established a field worker department, employing a staff of women working to generate grass roots enthusiasm, agitation and clinical expansion. In 1935, the League employed three graduate nurses to serve as field workers:

Their time is devoted to organizing state units, assisting local clinic establishment, and through conferences, medical group meetings and like gatherings, strengthen the educational program of the national program.⁸⁰

The organizational structure of the League underwent a transition following the departure of Sanger and her closest allies in 1928. An increasing number of paid professionals entered the organization in prominent roles, as the movement turned towards the principles of professionalism and away from the voluntaristic traditions of the past. In 1934, Marguerite Benson was appointed to the new role of Executive Director of the League, with previous experience in the fields of 'State Conservation Chairmen during the war and health work, preventive medicine, social and welfare work, and public relations.'⁸¹ The augmented prominence of paid professionals in the birth control movement left some pioneers of the campaign distinctly uneasy. Sanger, now orchestrating her own campaign

⁷⁸ Margaret Sanger, quoted in Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York, 2001), 129.

⁷⁹ Sanger, *An Autobiography*, 261.

⁸⁰ Summarised Factual Report with Analysis and Conclusions to the Joint Committee representing the ABCL and the BCCRB in the interests of co-ordination, Submitted by D Kenneth Rose and George Aubrey Hastings, October 3 1938, Section II – Part II, The League of Today, Reel S6, 0690.

⁸¹ Ibid, 0689.

for changes to the federal laws, together with her allies, attacked these new activists for failing to respect their pioneering past achievements:

... I am at a loss to understand why so much consideration must be given at all times to Mrs Benson's wishes. She is, after all, but a paid employee recently come into the movement for the sole purpose of obtaining a good position. This policy, it would seem to me, only encourages her to become the 'problem child' of the birth control movement.⁸²

David Kennedy suggests that this introduction of new professional staff into the League highlighted the understanding of ABCL members of the need to apply modern principles and strategies to organizing their campaign work:

When the ABCL replaced Mrs Sanger's episodic sensationalism with a systematic educational program of conferences, salaried speakers, and field workers, it showed the influence of an educated class of women familiar with relatively sophisticated techniques of opinion formation.⁸³

The League also established a new Medical Advisory Board during the 1930s, organizing a National Medical Council on Birth Control in 1936. The Advisory Board was formed 'to control and supervise all medical activities of the League and to initiate, encourage and execute appropriate scientific investigation in the medical aspects of contraception.'⁸⁴ By October 1938, this Council had acquired seventy-four medical members, whilst four of its members sat on the League Board of Directors. The Executive Secretary of the Council, Dr Eric Matsner, who had served as League Medical Director since James Cooper's death in 1931, was a paid part-time member of the League staff, with a private practice in obstetrics and gynaecology.

Establishing affiliated state associations was instrumental in the League strategy to foster enthusiasm for birth control activism and clinical establishment at a local level. By 1938, 26 State Leagues had been established, and 2 local chapters were also attached to the

⁸² Letter Margaret Sanger to Clarence Gamble, 21 April 1937, MS Collected papers, C6:433-34

⁸³ Kennedy, *Birth Control in America*, 106.

⁸⁴ Summarised Factual Report with Analysis and Conclusions, 0690.

ABCL.⁸⁵ Affiliated leagues paid the national league dues of 10% of gross receipts from previous year, not including donations or grants from charitable foundations.⁸⁶ At its peak in 1927, the League had more than 37,000 individual fee-paying members.⁸⁷ 88% of these members were women, chiefly drawn from families where the average income was above \$3000 per annum, well above the contemporary national average.⁸⁸ The League also benefited from large behests – including donations of more than \$20,000 from Noah Slee, \$5,000 from Clifford Chance, the British birth control enthusiast and a close Sanger ally, and a grant of \$5,000 from the Social Hygiene Association.⁸⁹ The alliances Sanger forged had helped fund the League's enterprises; following her departure, the group struggled to maintain both financial support and membership. League supporters had dwindled to 1,157 by 1938, with membership dues accounting for just \$6,000. However, many individuals supported the League but chose not to become officially affiliated – donations from non-members contributed more than \$35,000 to the League funds.⁹⁰

Linda Gordon argues that the organizational system followed by the League during the 1930s did not vary dramatically from the Sangerist approach, 'it too concentrated on getting

⁸⁵ Ibid. Associations affiliated with the ABCL included the Arkansas Eugenics Association; Birth Control League of Alameda County, California, a local chapter; Connecticut Birth Control League; Birth Control League of Delaware; Mothers' Health Center, St Petersburg, Florida; Illinois Birth Control League; Maternal Health League of Indiana; Iowa Maternal Health League; Kentucky Birth Control League; Maine Birth Control League; Birth Control League of MA; Maternal Health League of Michigan; Minnesota BC League; Maternal Health Association of Missouri; Maternal Health League of Nebraska; New Hampshire Birth Control League; New Jersey Birth Control League; NY Birth Control Federation; North Carolina Maternal Health League; North Dakota Maternal Health League; Pennsylvania Birth Control Federation; Rhode Island Birth Control League; South Dakota Maternal Health League; Birth Control League of Texas; Virginia Birth Control League; Washington Mothers' Clinic Association; Maternal Health League of Milwaukee, Wisconsin, a local chapter; Mothers' Health Association, District of Columbia.

⁸⁶ Ibid, 0692.

⁸⁷ Gordon, *The Moral Property of Women*, 203.

⁸⁸ Kennedy, *Birth Control in America*, 100.

⁸⁹ Letter Margaret Sanger to Raymond B Fosdick, Office of Messrs, Rockefeller Foundation, 24 Sept 1925, MS Collected Papers, Reel CO3, 634.

⁹⁰ Summarized Factual Report with Analysis and Conclusions, 0693.

endorsements from the rich and prestigious and neglected education and the development of local chapters.’⁹¹ It is my interpretation, however, that the operational structure of the League did undergo a distinctive transition between the Sanger era of control and post-Sanger period. With the increasing prominence of paid professionals in key positions, the League began to apply the principles of bureaucracy to its organizing, fostering a new sense of professionalism throughout the organization’s work. The era of propagandizing pioneers and voluntarism was being left behind, and a new epoch of professional activity was being embraced.

Policies and Campaigns

Both organizations sought to usher in a new understanding of birth control amongst legislators, physicians and in the public psyche. The two groups engaged in campaigning work, seeking through their advocacy in these particular fields to restructure contemporary notions regarding contraception. With the intention of making birth control a respectable practice, the campaigners sought to break down the strict legal parameters or rulings prohibiting its dissemination, and gain the powerful sanction of the medical community. In this section, I examine their endeavours in this field, focusing upon the legislative and medical strategies pursued in the campaigning politics.

The decision undertaken by the Ministry of Health to refuse to permit the dissemination of contraceptives through the government-sponsored welfare centres established in the wake of the 1918 Maternity and Child Welfare Act served as the predominant motive fuelling birth control agitation in Britain during the 1920s. No legal statutes prohibited birth control

⁹¹ Gordon, *The Moral Property of Women*, 232.

dissemination, but it was felt that religious and moral sensibilities could be offended by the provision of such services in a state facility.⁹² Stopes and her fellow activists in the CBC joined the chorus of criticism, urging in speech and print for the government to reconsider its position.⁹³ Stopes, whilst adopting a non-partisan position, had lectured to over 3000 Labour members during the 1924 election campaign, and the organization sent CBC lecturers into working-class areas to canvass votes upon the question.⁹⁴ The election of the first Labour government in 1924 was deemed to be a providential sign for the campaign; birth control advocates naturally assumed a Socialist government would have a greater sympathy for the burdens faced by the working-class woman they claimed to represent. Stopes and Roe joined a deputation organized by a group of Labour women in June 1924 to discuss the welfare centre issue with the newly appointed Minister of Health, John Wheatley. However, the movement was quickly disappointed in their initial hopes of a breakthrough on the question. Wheatley, a Roman Catholic, refused to countenance the idea of state-sponsored birth control dissemination.⁹⁵ The socialist feminist activists who had instigated the deputation moved to establish their own campaigning organization, the Workers' Birth Control Group, to implore the Labour leadership from inside the party. The CBC continued to monitor campaign developments through the *Birth Control News*, whilst Stopes continually referred to the welfare centre question in her public pronouncements on birth control. In 1925, the CBC delivered its own petition to the Ministry of Health:

We, the undersigned, believing the limitation of population to be a matter of vital importance to the community, hereby bring to your notice the large and growing demand among working mothers that information as to the methods of birth control be frankly and decently given by public authority. We

⁹² Soloway, *Birth Control and the Population Question in England*, 281.

⁹³ See Editorial, 'Election Policy,' *BCN*, Nov 1922, 3; 'Birth Control Instruction by Public Authorities,' *BCN*, Oct 1928; 'A Critical appointment,' *BCN*, February 1924; 'Public Policy,' *BCN*, Jan 1923; 'Politicians and the Public,' *BCN*, August 1922; 'About Edmonton,' *BCN*, Feb 1923.

⁹⁴ Soloway, *Birth Control and the Population Question in England*, 283.

⁹⁵ Stella Browne, 'Mr Wheatley's Reply – and Ours,' *The New Generation*, 3, 6, June 1924, 63-4.

hold the opinion that our social system, however we seek to improve it, will remain unstable and exposed to the menace of disease, so long as the problem of population is not honestly faced. We therefore earnestly request:

- 1) That the Ministry of Health should permit Public Health Authorities to provide, for those who desire it, information on the subject of birth control;
- 2) That, in cases where local Health Authorities desire to give such information, the Ministry of Health should not, on that account, withhold the usual grants.⁹⁶

The petition did not meet with success. The issue of the welfare centres became a recurring motif in Society propaganda throughout the 1920s. Frequently the target of Catholic condemnation, Stopes' own anti-Catholic sentiments inflamed her convictions that religious conspiracy lay behind the government refusal to countenance contraceptive dissemination:

As a matter of fact there is no law whatever against Welfare Centres giving birth control information, and although it is not encouraged (indeed it is viewed with repugnance by some of the permanent officials in the Ministry of Health) individual officers who gave the information were not actually hounded until after Mr Wheatley had been in office. Now they are actively hounded, indeed even spied upon in order that they shall not give information. When the Ministry of Health is officially approached, very definite opposition is clearly expressed.⁹⁷

By 1930, the previously entrenched governmental view on the question had been revised. The Ministry of Health, facing increasing pressure from local authorities seeking to include contraceptive services in their welfare provisions, decided to finally authorize the state-sponsored dissemination of birth control.⁹⁸ The decision was originally kept secret until Stopes, claiming she had received a visit from an unnamed figure in the Ministry, published the memorandum MCW/153 with great fanfare in the September 1930 edition of the *Birth Control News*.⁹⁹ The memorandum argued that whilst the centres were established to deal only with 'expectant mothers, nursing mothers, and young children,' and 'it is the view of the Government that it is not the function of the Centres to give advice in regard to birth

⁹⁶ CBC petition to Minister of Health, April 1925, BL MS Papers, Add MSS 58596.

⁹⁷ Marie Stopes to Mrs James (GA) Taylor, Glasgow NUSEC, 31 March 1926, BL MS Papers, Add MSS 58597.

⁹⁸ Soloway, *Birth Control and the Population Question in England*, 309. By 1930 50 local authorities demanded the right to choose their own models of welfare service provision.

⁹⁹ Marie Stopes to editor, *The Medical Times*, 24 Feb 1936, BL MS Papers, Add MS 58643, 151.

control and that their use for such a purpose would be likely to damage the proper work of the Centres':

... At the same time the Government consider that, in cases where there are *medical grounds* for giving advice on contraceptive methods to married women in attendance at the Centres, it may be given, but that such advice should be limited to *cases where further pregnancy would be detrimental to health*, and should be given at a separate session and under conditions such as will not disturb the normal and primary work of the Centre. The Minister will accordingly be unable to sanction any proposal for the use of these Centres for giving birth control advice in other cases.¹⁰⁰

The CBC adopted a non-partisan approach in its dealings with political questions, unlike the Workers' Birth Control Group, formed solely for the purpose of political agitation on the welfare centre issue. The judicial campaign question represented a small but significant aspect of the Society's activism. In particular, through publishing the hitherto unknown memorandum, Stopes ensured that, with a typical flourish of sensationalism, the success of the welfare campaign would be indelibly connected to her journal, and hence, her organization.

Whilst the CBC was freely permitted to disseminate contraceptive knowledge and supplies, the American Birth Control League operated in a legal system which identified contraception with vice and obscenity. The Comstock legislation, enacted in 1873, under the aegis of the zealous social purity reformer Anthony Comstock, sought to suppress the 'trade in, and circulation of obscene literature and articles of immoral use,' by prohibiting such items from being sold, lent, given away or in the possession of an individual. The penalty enforced for such a misdemeanour was set at a minimum of six months

¹⁰⁰ Memo MCW/153, Maternity & Child Welfare Authorities, 'Birth Control,' National Archives MH/55 289, March 1931

imprisonment with hard labour.¹⁰¹ The federal act established a precedent; many states followed suit by enacting their own 'little Comstock' rulings.¹⁰² The laws had remained unchallenged for half a century by the time the ABCL instigated its campaign for federal law reform. The League was not the first entrant into the field, however. The Voluntary Parenthood League, founded by Mary Ware Dennett in 1919, argued for 'clean repeal' of the Comstock legislation on a platform of free speech. Dennett envisaged that the 'open bill' would herald the free dissemination of contraceptive knowledge, sweeping away the vestiges of vice and obscenity of Comstockery, and allowing individuals to access such information without restriction or control by medico-legal authorities. Carole R McCann argues that the clean repeal was 'ideologically outdated; it was much more appropriate to the liberal, laissez-faire state than to the emerging welfare state.'¹⁰³ By the time the ABCL inaugurated its legislative activity, Sanger and her co-workers had already made the ideological switch from free speech to physicians' rights. The League duly structured its judicial policy around this approach – it was an advocacy centred on the right of the doctor to perform their professional duties without legal hindrance:

In furtherance of demands of the medical profession, the American Birth Control League has launched a campaign to amend the federal laws dealing with contraception. The object of the amendment is to make scientific contraceptive information and supplies available to physicians throughout the country, enabling them in the discharge of their professional duties to give contraceptive treatment to patients urgently in need of it – women suffering from heart, lung or other conditions whose fatal progress would be hastened by pregnancy. This action by the League inaugurates a new and significant phase of the Birth Control movement.¹⁰⁴

¹⁰¹ 'An Act for the Suppression of Trade in, and Circulation of Obscene Literature and Articles of Immoral Use, March 3, 1873, Congressional Globe and Appendix, 3rd Session, 42nd Congress, part III' (Washington, DC, Congressional Globe, 1873)

¹⁰² By 1937, Twenty-one states had no laws prohibiting contraceptives in any way; nineteen states had laws governing contraceptives but did not impede with the medical dissemination of birth control, whilst eight states had laws which interfered with contraceptive use in medical practice. Legal Status of Contraception, ABCL Report, September 1937, MS SSC Papers Box 37, Folder 7.

¹⁰³ McCann, *Birth Control Politics*, 74.

¹⁰⁴ ABCL Congressional Committee pamphlet, 'An Amendment to the Federal Law dealing with Contraception,' No date (1923) MS SSC Papers, Reel S61

The ABCL sought to distinguish between the 'scientific, reasonable and humane' model of medicalized birth control with the possibilities suggested by the 'clean repeal' approach. In framing contraception as the province of the physician, the League insinuated that commercial exploitation would result if Congress permitted the opening of the mails to potentially devious and deceitful purveyors of dangerous drugs as suggested in the VPL judicial appeal.¹⁰⁵ Anne Kennedy, a devoted Sanger supporter, led the legislative organization in Washington DC from 1923, meeting with senators, congressmen and potential opponents in order to gauge the climate for repeal. During her stay in Washington, Kennedy lobbied 89 Senators and 50 Congressmen, including the entire body of the House Judiciary Committee, in an attempt to persuade eminent figures to sponsor an ABCL bill to amend Section 211 of the Federal Penal Code.¹⁰⁶ The League also worked at state level, campaigning in a number of legislatures to begin the challenge to Comstockery from the grass roots. With the assistance of local representatives sympathetic to the cause, the League introduced bills in New York State, Connecticut, New Jersey, Pennsylvania and Massachusetts.¹⁰⁷ In prioritizing the legislative agitation work above the propaganda and educative campaigns the League had previously pursued, some members of the organization began to question the policy direction Sanger had implemented. Indeed, birth control advocates aligning against Sanger in the group schism argued that a judicial campaign was not compatible with the propaganda and educational remit of the League. Following Sanger's resignation to establish a federal legislation committee, the ABCL

¹⁰⁵ ABCL Congressional Committee pamphlet, 'An Amendment to the Federal Law dealing with Contraception.'

¹⁰⁶ Anne Kennedy to Margaret Sanger, 30 March 1926, MS Collected Papers, Reel CO4, 103.

¹⁰⁷ See Margaret Sanger, 'Statement on the Rosenman Bill', 10 April 1923, in Esther Katz (ed) *The Selected Papers of Margaret Sanger Volume 1: The Woman Rebel, 1900-1928* (Urbana, 2003); Kennedy, *Birth Control in America*, 221.

maintained a policy of non-intervention in legislative work. There is some evidence, however, that a number of League advocates favoured the notion of a clean repeal above the idea of the physician-centred bill. Eleanor Dwight Jones, President of the League, writing to Mary Ware Dennett in 1930, endorsed Dennett's vision of the open bill, noting her sorrow that she could not publicly state this viewpoint:

...other board members feel that in view of the ABCL's endorsement of the 'doctors only' bill, it would be inadvisable for the president to make public her personal endorsement of the 'open bill'... I am disappointed, because I like to stand up for my convictions, and as you know, I am wholly in favour of the open bill.¹⁰⁸

By the 1930s, the League increasingly viewed the legal prohibitions governing contraceptive dissemination as extraneous to the goals of the movement, namely to establish and foster educational work and clinical practice. Marguerite Benson, Executive Director from 1934 onwards, contended that the League did not perceive the legislative issue to be a pressing concern, given that the establishment of clinics was not unduly hindered by the laws:

The possibility of reversing any of the decisions which make legal precedence is so slight that we believe it should be disregarded for the time being. We think it far wiser to put every dollar that can be collected into the establishment of clinics and the education of the medical profession. This work we think should go on until there are so many clinics operating in the light of day that no-one would dream of invoking these archaic laws.¹⁰⁹

Sanger's legislative work in Washington, conducted under the aegis of her new lobbying organization, the Committee on Federal Legislation for Birth Control, eventually met with success in the Capitol. Sanger had arranged for a package of pessaries to be shipped from Japan to New York in order to challenge the legislation governing importation. In 1936, the United States Circuit Court of Appeals ruled in the 'One Package' test case, that the Tariff Act, a legislative act enacted in 1930 but originating from the 1873 Comstock laws, could

¹⁰⁸ Eleanor Dwight Jones to Mary Ware Dennett, 16 Oct 1930, Mary Ware Dennett Papers, Schlesinger Library, Reel 16, 0433.

¹⁰⁹ Marguerite Benson, ABCL, to Mary Ware Dennett, 16 March 1936, Harvard University, Schlesinger Library, Mary Ware Dennett Papers, M-138, Reel 16, 0471.

not prohibit the physician from importing necessary supplies.¹¹⁰ The ABCL welcomed the result; indeed, the League partly ascribed the victory to their membership given that the chief lawyer, Morris Ernst, representing Sanger's committee was a member of the League's National Council.¹¹¹ In 1937, the League stated that it believed that medicalized birth control would not have been the original target of Comstockian lawmakers, in so doing seeking to remove any lingering associations between obscenity and contraception forever:

"It is true that in 1873, when the Comstock Act was passed, information now available as to the evils resulting in many cases from conception was most limited and accordingly it is argued that the language prohibiting the sale or mailing of contraceptives should be taken literally and that Congress intended to bar the use of such articles completely ... Its design, in our opinion, was not to prevent the importation, sale or carriage by mail of things which might intelligently be employed by conscientious and competent physicians for the purpose of saving life or promoting the wellbeing of their patients."¹¹²

Both organizations entered into the field of legislative agitation in the campaigning strategies, with varying levels of success. The CBC orchestrated publicity and propaganda for the welfare centre campaign, but in operating as a non-partisan organization in a political field, it possessed little direct influence over the politicians it sought to appeal to. Its instrumental role in the campaign was to promulgate the news of a government rethink. In the case of the ABCL, Sanger envisaged a legislative action programme to urge the revision of statutes prohibiting doctor-prescribed contraception. The League entered into period of unsuccessful legislative campaigning at both national and state level during the 1920s. After Sanger's departure from the organization, the League renewed its focus upon educational work and clinical establishment, providing the new National Committee with an open field in which to campaign. Both organizations were committed to the need for

¹¹⁰ Hannah M Stone, MD, 'Birth Control Wins', *The Eugenics Review*, 29, 2, July 1937, 113-115

¹¹¹ Summarised Factual Report with Analysis and Conclusions to the Joint Committee. The report noted "One of its directors, Morris Ernst, with Dr Matsner, the League's Medical Director, worked in the case which resulted in a new interpretation of the original Comstock Act by the US Circuit Court of Appeals.' The report failed to mention Margaret Sanger's input in the case.

¹¹² U.S. vs. One Package, 86 Fed (2d) 737, ABCL Report, Legal Status of Contraception, September 1937, MS SSC Papers, Box 37, Folder 7. Emphasis in original.

judicial reform, but neither group fundamentally placed the issue of legislative action as a key tenet of their campaigning work.

Gaining the support and sanction of the medical profession was a central motif in the birth control campaigns on both sides of the Atlantic during the interwar years. The ABCL, as a consequence of the legal prohibitions governing contraceptive dissemination, moulded their vision of both legislative reform and clinical practice around the participation of the medical practitioner. The CBC, whilst adhering to a model of clinical practice centred on the nurse practitioner, emphasised the need for augmented medical education in the techniques of contraception. In both approaches, the two organizations set out to appeal to the medical fraternity to embrace their construction of medicalized birth control. Medical approbation offered both authoritative sanction and the sense of respectability each organization hoped to attain in the scope of their work.

Within a year of taking up his role as ABCL Medical Director, James F Cooper had traversed across the United States, visiting over 152 medical societies in 46 states; some 7,575 physicians had listened to his addresses on birth control, together with 4,669 lay individuals.¹¹³ Cooper was brought into the ABCL by Sanger in 1925 in order to promulgate the League's vision of scientific contraception to the medical community; it was an undertaking that required a medical man, rather than a lay reformer. Medical prejudice and ignorance on the subject of birth control was still rife, and in Cooper, a respected practitioner, the ABCL believed they had found a suitable medical advocate for

¹¹³ Anne Kennedy, ABCL Report – condensed report on ABCL activities up until 5th October 1926, MS SSC Papers, Sub Series 2, Reel S61.

the birth control movement. Cooper lectured to audiences at special meetings, public health committees, University medical school and faculty meetings, obstetric and gynaecology departments and women's medical associations.¹¹⁴ In 1928, Cooper produced a textbook, *The Technique of Contraception*, designed to provide the medical practitioner with a guide to clinical contraception in practice.¹¹⁵ Cooper's successor, Eric Matsner, revised the text in the 1930s, and continued Cooper's programme of lecturing and offering advice on medical queries regarding contraceptive technique.¹¹⁶ Admittedly, given the tremendous lacuna in medical knowledge on birth control, and the limited resources of the League, such efforts could only have a very small impact on shaping medical opinion; a 1938 report into League activities suggested that medical men remained suspicious of the activities of lay campaigning organizations, and emphasized the need for the League to build up closer cooperation with the medical hegemony:

.... It is probably a fair statement to say that the medical profession as a whole knows only vaguely of the specific work and objectives of the League. It suffers from the age-old disinclination of the profession to permit lay efforts in its field.¹¹⁷

In spite of the antipathy Stopes displayed towards members of the medical hierarchy, the CBC also committed itself to furthering medical education in matters of contraceptive technique. In a pioneering collaboration with the Royal Institute for Public Health, a series of lectures and demonstrations examining the techniques of birth control in practice were held under the auspices of the Society in 1930 and 1931. Open to both medical practitioners and students, technical lectures included considerations of 'The General

¹¹⁴ 'List of Medical Groups and Associations inviting Dr James F Cooper, Medical Director,' Research Dept, ABCL, July 1925, MS Collected Papers, Series 3, Subseries 1, Correspondence, Reel CO3, 574.

¹¹⁵ James F Cooper, *Technique of Contraception: The Principles and Practice of Anti-Conceptional Methods* (New York, 1928).

¹¹⁶ 'Summarised Factual Report with Analysis and Conclusions.'

¹¹⁷ Ibid.

Practitioner and Contraceptive Technique', reports of different forms of pessaries in clinical practice, and Stopes' own paper addressing 'Some Practical Points on Contraceptive Technique'. Stopes also conducted practical demonstrations at the Mothers' Clinic, assisted by the CBC member and gynaecologist Harold Chapple and clinic consultant Dr Jane Lorimer Hawthorne.¹¹⁸ Stopes also published a contraceptive guide for the medical profession in 1923. *Contraception* was the first textbook solely aimed for a medical audience; it sold 40,000 copies within the first four years of its publication, suggesting many practitioners were keen to augment their understanding of contraceptive techniques.¹¹⁹ Insisting that 'it is the medical man's business to tame and control the stork,' the guide intended to provide a comprehensive survey of methods to a medical readership which might possess very limited practical understanding.¹²⁰ The Society also appealed to the nursing profession in its medical propaganda work, lecturing before nursing and midwifery meetings and conferences. Addressing a nursing and midwifery conference in 1928, Stopes encouraged the participants to educate themselves on the subject of birth control, in order to apply scientific knowledge to their most needy patients:

It is up to you to read and study, and to obtain the information through Clinics and doctors, and to know what is the best possible alternative for every such woman who passes through your hands.¹²¹

In both the British and American cases, the approbation of the medical profession was sought through societal education and propaganda strategies. The ABCL employed a member of the medical fraternity to canvass support amongst his fellow practitioners, lecturing throughout the country and penning a clinical manual offering advice upon the

¹¹⁸ The Royal Institute of Public Health, 'A Short Course of Lectures on "Contraceptive Technique"' November 1931, BL MS Papers Add. MSS 58590.

¹¹⁹ Alexander CT Geppert, 'Divine Sex, Happy Marriage, Regenerated Nation: Marie Stopes' Marital Manual *Married Love* and the Making of a Bestseller, 1918-1955', *Journal of History of Sexuality*, 1998, 8, 3, 416.

¹²⁰ Marie C Stopes, *Contraception: Its theory, history and practice* (London, 1923), 11.

¹²¹ Marie Stopes, 'The Health of the Mother and the Child', 20th Sept 1928, BL MS Papers, Add MSS 58635.

various techniques and methods available. The League's organizational policy centred around the physician as the clinical provider of contraceptive treatment, making the need for medical sanction essential if the group were to achieve their vision of medicalized contraception. In seeking this key tenet, the League made a concerted effort, both in financial outlay and propaganda activities, to obtain the acquiescence of the medical fraternity. The nationwide tours undertaken by the Medical Director undoubtedly encouraged individual practitioners to employ clinical birth control techniques in their medical practices. It is evident, however, that by the close of their canvassing work in 1938, the League's exertions in the medical sphere had exerted little influence upon the wider professional hierarchy. In contrast, the CBC was able to operate its clinical facilities without the same requirement for medical support, and thus, whilst the association hoped for medical approbation, it did not pursue a similarly active policy in seeking to invigorate professional support. However, in their provision of the first technical lectures on birth control methods, the CBC forged an important alliance with the Royal Institute for Public Health to extend their practical knowledge of clinical instruction to a wider medical audience. The two groups had unique motivations to align themselves with the medical community, but for both organizations, closer affiliation with medical practitioners furnished the prospect of respectability and the wider application of clinical birth control.

Forming coalitions, fighting opposition

In both the British and American birth control movements, reformers sought to forge coalitions and alliances with other social reform activists and campaigning groups. The two associations drew from other reforming groups in ideological and practical terms. In siting the activism of the ABCL and the CBC within the context of the wider campaigns for

social reform, I examine the attempts made by the two associations to construct coalitions outside the sphere of birth control politics, analyzing the connections between contraceptive campaigners and feminists, advocates of eugenics, and medical practitioners.

Whilst birth control advocates on both sides of the Atlantic employed feminist and maternalist constructions of motherhood and the family as a key tenet in their rhetoric and discourses on birth control, very few activists in synchronous feminist reform movements openly expressed support for the endeavours of the birth control struggle. In each case, the two organizations discovered that the majority of activists in the feminist movement distanced themselves from the politics and propaganda of birth control. Initially, only a small number of contemporary feminist or maternalist reformers conveyed their endorsement; however, as the politics of contraception moved from the radical to the respectable, and as prevailing constructions of marital relations and family structure began to shift, an increasing throng of feminist groups and women's organizations gave sanction to the movement.

In the British context, a number of prominent feminist activists and associations expressed their approval for the motives, if not necessarily the means, behind the CBC campaign for contraceptive provision. Maude Royden, a suffragist and prominent member of NUSEC, served as a Vice-President of the Society, despite her uncertainty in the principle of applying contraceptive usage as a remedy to treat contemporary social problems.¹²² Royden

¹²² Jane Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939* (London, 1980), 205.

acknowledged, however, her admiration for Stopes and the work that the Society was undertaking to ameliorate conditions for the woman coerced into motherhood:

I have the greatest admiration for the work you are doing...As you know, the case for birth control does not present itself to me precisely as it does to you. I do not feel that the use of contraceptives is the ideal solution of this difficult problem. I believe there is a higher ideal which, already, more have than realised than is commonly supposed. But I am absolutely at one with you in the conviction that it is our immediate concern to do battle with a great wrong, and a great tragedy – the tragedy of the unwilling mother, and the unwanted child.¹²³

The family allowances campaigner Eleanor Rathbone, also a leading activist in NUSEC, lectured to the CBC in 1924 on the interconnections between the endowment of motherhood and birth control, noting that there existed ‘a close relation between the questions’:

... by making a higher standard of life possible, you would bring into operation all those social forces which make towards, not only a lower, but a better ordered birth rate. The system would have the effect of giving the wife a feeling of independence and would make her more able to regulate her own destiny. Obviously the kind of effect which this system will have on the question of the birth-rate will be affected by the form in which it is introduced. If one wishes it to have the best kind of effects on the quality of the population, it must necessarily be a form of allowance which to a certain extent recognizes the differences in the standard of living. The form of endowment must bear some real relation to the standard of life and above all must not be regarded as a dole in aid of poverty.¹²⁴

Rathbone’s assertions in favour of the endowment of motherhood mirrored a number of key tenets espoused by the CBC, not least the desire to instigate a more ordered birth rate. In 1925, the feminist organization NUSEC passed a resolution in favour of contraception, yet, in spite of the links between individual members and the birth control campaigns, the Society as a body did not seek to forge closer connections with the CBC or any other advocacy group.¹²⁵ The national congress of the Women’s Co-operative Guild had resolved in 1923 to endorse birth control; the CBC was subsequently approached by a number of local branches to address meetings, even holding a special meeting for Guild members in

¹²³ Letter A Maude Royden to Marie Stopes, 24 May 1921, BL MS Papers, Add MSS 58589.

¹²⁴ ‘The December London Meeting – Miss Eleanor Rathbone’s lecture’, *BCN*, Jan 1925, 2.

¹²⁵ Lewis, *The Politics of Motherhood*, 198. The NUSEC activist Mary Stocks did become actively involved in the birth control movement, establishing the Manchester, Salford & District Mothers’ Clinic in 1926.

1923.¹²⁶ Stopes informed the Guild audience that she ‘hoped they would join heart and soul in the movement, which is in their own interests, in their families’ interests, their children’s and in their country’s interest.’¹²⁷ The CBC and the feminist movement shared common ideologies concerning motherhood and the family, yet in spite of these collective notions, and with a few notable exceptions, there was a distinct lack of close co-operation between feminists and the Society. Stopes, whose politics tended towards the conservative, could be a formidable presence and an excessively demanding co-operator. Moreover, the internal dynamics of the CBC left little room for other competing visions, whilst many feminists continued to view artificial forms of birth control with distaste.

In seeking to establish ties with contemporaneous feminist and maternalist groups in the United States, the ABCL encountered indifference, uncertainty and opposition to their politics and policies. Birth control remained a controversial issue for many women’s associations throughout the 1920s. The National Women’s Party, founded by the militant feminist Alice Paul in 1921 refused to address, let alone endorse, the contraceptive question.¹²⁸ In 1926, the National Convention of the League of Women Voters refused to support birth control, arguing it was too controversial even to include upon their study programme. This decision met with angry editorial response in *The Birth Control Review*, which attacked the League for its timidity and blinkered approach to the issue:

If the women of America had been as timorous as this in the last decade, would they ever have got the vote? Nowadays their policy seems to be determined by considerations of expediency rather than of rights. The question with them is not ‘Will this course promote the welfare of the country,’ but rather,

¹²⁶ Soloway, *Birth Control and the Population Question in England*, 284.

¹²⁷ Letter HV Roe to Women’s Co-operative Guild, Thornton Heath, 5 Feb 1928, BL MS Papers, Add. MSS 58597; ‘Special Co-operative Meeting,’ *BCN*, Feb 1923, 2.

¹²⁸ Tone, *Devices and Desires*, 125.

‘Will this course strengthen our organization?’ One hears as much about expediency in the League of Women Voters as in the political parties.¹²⁹

The maternalist reformers of the Children’s Bureau proved particularly resistant to birth control advocacy. The predominantly unmarried Bureau workers had already refused to consider contraceptive care as a strategy in their maternal welfare programme, when Sanger approached the Bureau chief, Grace Abbott, in 1925, to question her purported opposition to birth control:

...I cannot believe that anyone in your position, working as magnificently as you have for children and their welfare, could be opposed to the control of births as a principle. There no doubt may be objections to methods and to other features of the movement.¹³⁰

Abbot retorted that whilst ‘I did not express my opinion either for or against the principle of BC. I did point out what I thought were some fallacies in the arguments ... made in support of it...’¹³¹ Negative connotations regarding the birth control agitation remained firmly entrenched in the Children’s Bureau. In the late 1930s, the Bureau head, Katherine Lenroot, continued to deny support to the birth control movement, contending that

It has been the consistent policy of the Children’s Bureau to take no position with reference to Birth Control. While the legal situation has been somewhat altered recently, I have not felt warranted in making a change in the Bureau’s policy.¹³²

In spite of this continuing hostility, birth control advocates continued to seek closer links to the Children’s Bureau. Eric Matsner, the League Medical Director, attending the Children’s Bureau Better Mothers and Babies Conference in January, 1938, even utilized the language of maternalism to support his statement calling for an augmentation of contraceptives services:

¹²⁹ ‘The League of Women Voters and Birth Control,’ *BCR*, May 1926, 177.

¹³⁰ Margaret Sanger to Grace Abbott, 1925, MS Collected Papers, Reel C3, 346.

¹³¹ Grace Abbott to Margaret Sanger, 1925, MS Collected Papers, Reel C3, 344.

¹³² BCCRB Committee on Public Progress, ‘Reference Sheet – Annual Death Toll among Mothers and Babies,’ 1938, MS Collected Papers, Reel CO12, 737.

We agree with the Chief of the Children's Bureau in her statement that 'measures...successfully undertaken in certain communities in the behalf of selected groups...be extended to benefit mothers and babies throughout the United States.' One of these measures is the availability of adequate contraceptive information for the purpose of child spacing and the avoidance of conception of women suffering from physical and mental conditions in which pregnancy is inadvisable.¹³³

By the late 1930s, the earlier uncertainties and fears which had coloured the attitudes of many women's reform groups had evaporated. A new contingent of women's reform organizations endorsing the birth control issue by 1938 including the National Federation of Settlements, the American Association of University Women, the General Federation of Women's Clubs, the Young Women's Christian Association, and the National Council of Jewish Women.¹³⁴

In seeking to establish coalitions and extend co-operation with feminist and maternalist campaigners, birth control advocates were gravitating towards a fellow group of reformers with whom they shared strong ideological ties on the politics of motherhood. As a consequence, the ABCL and the CBC both hoped that such natural allies would find favour with their advocacy for birth control. Yet, amongst many older generations of feminists and maternalists, subjects pertaining to sex were contemplated with an aversion bordering upon repugnance. The maternalists of the Children's Bureau, primarily unmarried, continued to discountenance the prospect of birth control as an element of their welfare provision even in the late 1930s. British feminists, such as the NUSEC members Royden and Rathbone, whilst prepared to engage with the politics of birth control, still maintained an ideological

¹³³ Children's Bureau, *Proceedings of Conference on better care for mothers and babies held in Washington, DC, January 17-18, 1938* (Washington DC, 1938) 38. Eric Matsner was given two minutes to address the conference on birth control; the Bureau refused to allow the attendance of the BCCRB Clinical Director, Dr Hannah Stone, fearing it would prove too controversial.

¹³⁴ Joint Committee representing the ABCL and BCCRB in the interests of coordination, 'Birth Control Today,' MS LC Papers, 27, 41, 0668, N.D. 1938.

distance from the question. Amongst the younger generation of feminist activists, particularly in Britain, individuals such as the NUSEC member Mary Stocks were drawn to the issue, but preferred to formulate their own campaigns for birth control outside the aegis of the CBC. Hence, the connections between organized feminism and organized birth control remained fragile throughout the interwar decades, although as attitudinal shifts filtered through society, an increasing number of feminist organizations and associations were at least prepared to address and endorse the issue, if not fostering activism.

In both Britain and the United States, the organized bodies of eugenicists represented a small but influential grouping during the interwar decades. Elitist and powerful reforming associations, the politics of organized eugenics attracted prominent scientific authorities, coalescing biologists, geneticists and other scholars, together with distinguished lay advocates, who shared the Galtonian commitment to eradicate perturbing rates of differential fertility and foster increased reproduction amongst the better stocks. With their common ideological commitment to restrict reproduction of the dysgenic, both the CBC and the ABCL sought close affiliation with the British and American eugenics movements during the interwar years. Whilst both organizations claimed as members individual advocates who believed birth control could serve as a eugenicist tool, the organized groupings of eugenicists, particularly those who adhered to the 'mainline' creed in the early twentieth century, kept their distance from organized contraceptive campaigners. As the politics of the eugenics movement transitioned from this traditional 'mainline' stance towards an increasingly reformist position, organized eugenics began to reconsider its ties to birth control, and enter into a new era of dialogue and co-operation with such groups.

The CBC shared common ideological notions with the British movement for eugenics, centred on the Eugenics Education Society. Stopes sought the approbation of the EES from the beginning of her campaign, asking the chairman Leonard Darwin to attend the Queen's Hall meeting inaugurating her association. Darwin refused; viewing Stopes as 'an unscrupulous woman,' he and his colleagues in the EES strove to maintain their distance from her and her organization.¹³⁵ The reform-minded CP Blacker, secretary of the Eugenics Society from 1931 onwards, tried to enter into co-operation with Stopes, but found her insistent demands troublesome and exasperating.¹³⁶ In spite of her position as a Life Fellow of the EES, Stopes consistently felt neglected by the organization; her offers to lecture on birth control rejected and her pleas for closer co-operation ignored. She had envisaged a prominent role for herself in the organization; writing to a fellow EES member in 1920, she claimed that the Society needed a firmer hand in its dealings:

If they had only handled things properly, they could have been the biggest and most successful society in England today.¹³⁷

Stopes continued to seek the support of organized eugenics, in spite of these rejections. In 1927, perhaps partly in the hope of forging closer ties to the EES, Stopes asked the secretary of the Eugenics Society, Cora Hodson, who had displayed an interest in both the birth control movement and the activism of the CBC, to represent the latter at the World Population Conference in Geneva, as the Society's official delegate.¹³⁸ Although Darwin and others in the EES did not support Hodson serving as an official representative for the CBC, she agreed to act in the capacity of a liaison officer for the CBC at the conference, as

¹³⁵ Leonard Darwin to Marie Stopes, 23 May 1921, BL MS Papers, Add. MSS 58644, 15.

¹³⁶ CP Blacker to Marie Stopes, 18 February 1931, BL MS Papers, Add. MSS 58645.

¹³⁷ Marie Stopes to Constance Green, 8 December 1920, BL MS Papers, Add. MSS 58644.

¹³⁸ Marie Stopes to Cora Hodson, 10 June 1927, BL MS Papers, Add. MSS 58644, 96.

well as representing the EES.¹³⁹ The CBC also agreed to participate in the Medical Committee of the Conference of Co-operating Birth Control Clinics, established by the EES in 1926 to consider the results emerging from birth control centres from a eugenicist standpoint:

To discuss the effects of contraception, on subsequent fertility, and on the health of subsequent children; and, as regards contraceptives, their relative value as to reliability, simplicity, harmlessness and aesthetic effect.¹⁴⁰

Stopes eagerly anticipated the opportunity to illustrate the results of her clinical practice and her authority on the question to the medical fraternity gathering to discuss the subject, writing to Hodson in March 1926 that

I am hoping to come to the next meeting about birth control...and have certainly, as you can well imagine a good many ideas about the way the medical study of contraception might be carried on. If however, you mean to confine the medical discussion to medical practitioners only, I do not propose to send my ideas for them to discuss and distort without my being present, for though there are charming and honest medical men in the profession, there are too many of the other sort for me to trust their intelligence or integrity in a discussion of my views. I think if you are having a medical discussion it ought to be so arranged that I may be present and I shall be happy to render any assistance possible.¹⁴¹

However, when it was suggested that only medical practitioners should be present at the meeting, Stopes insisted, given her authority on the question in comparison to the medical profession, that she had every right to attend:

I am very pleased at the suggestion that the medicals should discuss this matter of methods specifically: but feel that I have initiated the methods used at the Clinics, and as my medical text-book is the one used by the medical profession, and as I have quite frequently to instruct my own medicals what is to do, I think I am entitled to be present, although if they draw up a signed statement written by the medical profession I am quite willing not to have my name on that.¹⁴²

Unfortunately for the CBC, the medical members attending closed ranks 'on the question of inviting anyone who is not in the great hierarchy,' extending the invitation to attend the

¹³⁹ Soloway, *Demography & Degeneration*, 181; Cora Hodson to Marie Stopes, 21 June 1927, BL MS Papers, Add. MSS 58644, 97-98.

¹⁴⁰ 'Terms of reference on EES medical meeting on Birth Control,' 18 March 1926, BL MS Papers, Add. MSS 58644.

¹⁴¹ Marie Stopes to Cora Hodson, 1 March 1926, BL MS Papers, Add. MSS 58644.

¹⁴² Marie Stopes to Cora Hodson, 16 March 1926, BL MS Papers, Add. MSS 68644.

conference solely to the medical representative of the Society, the clinic consultant Maude Kerslake.¹⁴³ Stopes naturally took umbrage at this slight, cabling the EES secretary to inform her that the Mothers' Clinic and CBC were withdrawing entirely from the study, given 'real enquiry and open scientific discussion is impossible' under these constraints.¹⁴⁴ Following this threat, the EES re-considered their position, urging Stopes and the CBC to 'give us the help which we do frankly admit we need.'¹⁴⁵ Stopes consented; both the CBC patron and its medical officer participated in the discussions, held in 1926 and 1927, on clinical birth control and its implications for differential fertility levels.¹⁴⁶ The CBC advocates naturally asserted their eugenicist vision of birth control during the meetings, indicating that amongst their patients 'some who came to them possessed so little intelligence and a capacity so low that they had to fall back on the simplest methods for any success to be hoped for.'¹⁴⁷ However, this new-found co-operation between the two associations did not signal a breakthrough in the forging of closer ties. The EES reverted to its traditional position of maintaining a comfortable distance from the CBC, in spite of its increasing transition towards a reformist perspective on the eugenics question. Moreover, the Eugenics Society offered financial support to others in the birth control movement during the late 1930s, providing funding from a behest to establish five additional clinics between 1936 and 1937.¹⁴⁸ In spite of her eagerness to build an alliance with the EES,

¹⁴³ Cora Hodson to Marie Stopes, 27 March 1926, BL MS Papers, Add. MSS 58644.

¹⁴⁴ Marie Stopes, telegram, to Cora Hodson, 29 March 1926, BL MS Papers, Add. MSS 58644.

¹⁴⁵ Cora Hodson to Marie Stopes, 1 April 1926, BL MS Papers, Add. MSS 58644.

¹⁴⁶ Report of the Meeting of the BC Conference Group, May 31, 1927, BL MS Papers, Add. MSS 58644; A Meeting of the Medical Committee of the Conference of Co-operating BC Clinics, 16 June 1926, BL MS Papers, Add. MSS 58644.

¹⁴⁷ Report of Medical Meeting, Eugenics Education Society, June 1926, BL MS Papers, Add. MSS 58644, 63.

¹⁴⁸ Pauline MH Mazumdar, *Eugenics, Human Genetics and Human Failings: The Eugenics Society: its sources and its critics in Britain* (London, 1992), 54.

Stopes did not look kindly upon this entrance into her domain of expertise, acknowledging her displeasure to Hodson in 1935:

I am a Life Fellow and would have taken much more interest in the Eugenics Society had I not always been cold shouldered in it. But now they are trying to nobble up my special field I do not know that I shall allow matters to slide as much as I have done in the past.¹⁴⁹

The efforts made by the CBC to develop closer links to organized eugenics throughout the interwar years ultimately met with little success. The strict stance of non-cooperation with birth control activists gradually gave way to increasing collaboration between the two fields of reform. However, in the case of closer cooperation with the CBC, the arduousness which accompanied relations with Stopes left even sympathetic eugenicists exasperated. In spite of its concerted exertions in this sphere, the CBC was unable to forge any meaningful, mutually supportive link with organized eugenics.

The American Birth Control League also sought closer association with organized eugenics throughout the interwar decades. In lobbying prominent eugenicist advocates to co-operate with their campaign, the League hoped that gaining the approbation of a powerful body of thinkers and scientists would bestow a new sense of authority upon their movement. The ABCL made concerted efforts to reach out to eugenics leaders from its inception in 1921. Margaret Sanger approached the pre-eminent American eugenicist of the early twentieth century, the biologist and head of the Eugenics Record Office research facility, Charles B. Davenport, to participate in the inaugural conference of the American Birth Control League, and its subsequent gatherings. Davenport, however, refused to countenance any association between his scientific discipline and the lay activism of the birth controllers,

¹⁴⁹ Marie Stopes to Cora Hodson, 24 March 1935, BL MS Papers, Add. MSS 58645.

informing Sanger that the boundaries between eugenics and contraception needed to be maintained:

It is important that in the public mind eugenics and birth control should not be confused as the same thing... Because of my special interest in eugenics seems to be rather widely known this idea would become strengthened were I to take an active part in the birth control conference.¹⁵⁰

In spite of this refusal, Sanger tried once again to secure Davenport's participation in the 1925 international Neo-Malthusian and Birth Control Conference, held under League auspices in New York City. Davenport reiterated his objection to connections between the two movements, particularly given the considerable 'confusion of eugenics (which in its application to humans is qualitative) with birth control (which set forth by most of its propagandists, is quantitative).'¹⁵¹ Other eugenicists approached by the League included the proponent of eugenic sterilization, Harry H Laughlin, who sharing Davenport's conviction in the fundamental disharmony between the goals of the two movements, refused to offer any support to the League.¹⁵² As organized eugenics in America increasingly diverged between those taking a 'mainline' stance on the question, and those adhering to a 'reform' approach, the association between eugenicists and birth control activists was re-considered. In 1928, a suggestion was put forward that the two journals of the ABCL and the American Eugenics Society should be merged to create one volume covering the activities of both movements. Leon J Whitney, who served as both Executive Secretary of the AES and a member of the ABCL, considered the suggestion an 'excellent thing if both the American Birth Control League and the American Eugenics Society used the same magazine as that their official organ, especially since they were both interested so much in the same

¹⁵⁰ Charles B. Davenport to Margaret Sanger, 10 October 1921, MS Collected Papers, Reel CO1:846.

¹⁵¹ Charles B. Davenport, Eugenics Record Office, to Margaret Sanger, 13 Feb 1925, MS Collected Papers, Reel CO3, 368.

¹⁵² Harry H. Laughlin to Margaret Sanger, 24 March 1923, MS Collected Papers, Reel CO2, 222.

problems.’¹⁵³ Other eugenicists doubted the idea. The eugenicist advocate Paul Popenoe, rather than benefiting the scientific fraternity, claimed that affiliation with the League would merge an association of rational thinkers with a group focused upon agitation, propaganda and emotionalism. Popenoe urged that:

If it is desirable for us to make a campaign in favour of contraception, we are abundantly able to do so on our own account, without enrolling a lot of sob sisters, grandstand players, and anarchists to help us. We had a lunatic fringe in the eugenics movement in the early days; we have been trying for twenty years to get rid of it and have finally done so. Let's not take on another fringe of any kind as an ornament.¹⁵⁴

Inevitably, the proposed merger did not result. However, closer co-operation between the two associations on shared concerns did progressively develop during the 1930s, as mutual fears on the cost of relief and the differential fertility levels of the unemployed added a new impetus to their advocacy. In 1935, the American Eugenics Society and the League united to issue a joint statement on relief measures, contending that whilst relief costs soared, and ‘scientific research has shown that families on relief have about 50% more children than similar families not on relief,’ the two groups were united

...in formulating and securing the adoption of the most effective plans for providing that as a matter of routine, all families shall be informed where they may best obtain medical advice in a strictly legal fashion as to the limitations of families by methods in accordance with their religious convictions¹⁵⁵

In their dealings with organized eugenics, both the ABCL and the CBC encountered resistance, hostility and disapprobation concerning their motives and methods for activism. Whilst both agencies sought to forge closer ties with eugenicist groups throughout the interwar decades, their attempts largely provided futile. In spite of the commitment of some individual eugenicists to the birth control cause, the majority in the eugenics movement sought to distinguish between the scientific principles of their discipline and what they

¹⁵³ Leon J. Whitney to Charles B. Davenport April 3 1928, quoted in Edwin Black, *War Against the Weak: Eugenics and America's Campaign to Create a Master Race* (New York, 2003), 139.

¹⁵⁴ Paul Popenoe, quoted in Black, *War Against the Weak*, 139.

¹⁵⁵ ABCL Resolution, Chicago Annual Convention, 17 January 1935, MS LC Papers, Reel 27, 40, 0221.

perceived as unscientific propagandizing conducted by largely female lay reformers. In the face of such discountenance, the two movements were unable to forge a significant connection in their reform efforts. The eugenicist commitment to birth control remained individualist, rather collective.

Gaining the approbation of the medical profession was a goal shared by both organizations, and each set out to forge ties with sympathetic practitioners and prominent figures. In the American context, it was vital to engender medical support for their vision of a physician-centred model of clinical contraception, and the ABCL duly courted eminent medical men to assist their cause. In contrast, the CBC did not require the same medical sanction. Stopes, hypersensitive to criticism, was slighted by the profession's failure to endorse her work; thus, whilst the organization established close ties with a number of high profile physicians prepared to support its work, it also encountered hostility and opposition. Many within the medical community on both sides of the Atlantic resented a lay intrusion into a scientific subject, whilst others advocated that artificial methods of contraception represented a danger to health. In the face of such hostility, the two organizations endeavoured to educate the medical profession as to the virtues of their interpretation of clinical birth control as a therapeutic treatment.

The CBC encountered both praise and censure from the medical hierarchy, gaining the approbation of a number of progressive physicians, whilst facing condemnation from more conservative members of the profession. Prominent medical supporters of birth control included the medical officer of health for Leicester, Charles Killick Millard, who had

promoted the cause of contraception since joining the Malthusian League in 1914.¹⁵⁶

Millard shared eugenicist fears towards the rates of differential fertility, as revealed in his statement to the National Council of Public Morals investigation:

My special concern now is to bring birth control to the lowest section of the community, which at present is not practising it. The falling birth-rate is largely the result of birth control coming downwards in society; at present the only class which is not practising it is the lowest and least desirable class.¹⁵⁷

Stopes enlisted Millard's support to present the medical and eugenicist arguments for birth control at the Queen's Hall meeting in 1921. Approaching the question of birth control from his position as a Medical Officer of Health, Millard welcomed

... the patriotic action of Dr Marie Stopes ... in starting a birth control clinic in London ... I have long wanted to see such a clinic established. I believe it to be capable of accomplishing a vast amount of good, both directly in giving much-needed advice to mothers who desire it, and also indirectly as an object lesson for influencing public opinion throughout the country.¹⁵⁸

Other medical authorities did not support the endeavours of the Society with similar enthusiasm. The Australian gynaecologist and birth control advocate, Dr Norman Haire, had originally approached Stopes in 1921, praising her writings and activism:

May I say in conclusion how much I admired your 'Letter to Working Mothers' which is quite the best thing of its kind I have ever seen, and which I have given away many many copies.¹⁵⁹

The relationship between the pair soon deteriorated after Haire joined the clinical practice established in Walworth by the Malthusian League, within months of the Mothers' Clinic inauguration. Over the years, Haire attacked Stopes' scientific credentials, whilst she, in turn, accused the medical profession of failing to embrace medicalized contraception. Haire

¹⁵⁶ Audrey Leathard, *The Fight for Family Planning: The Development of Family Planning Services in Britain 1921-74* (London, 1980), 14.

¹⁵⁷ C Killick Millard, in National Council of Public Morals, *Problems of Population and Parenthood*, (London, 1920), 282.

¹⁵⁸ C Killick Millard, Queen's Hall Speeches, 1921, BL MS Papers, Add MSS 58589. Other notable medical supporters of the CBC included the gynaecologist Harold Chapple and the obstetrician EB Turner, both of whom served on the Medical Research Committee and lectured under Society auspices. See Harold Chapple, 'The Gynaecologist's Attitude towards BC,' *BCN*, July 1926; Harold Chapple, 'Important Lectures by Dr Harold Chapple and Dr EB Turner,' *BCN*, March 1923.

¹⁵⁹ Norman Haire to Marie Stopes, 16 February 1921, BL MS Papers, Add. MSS 58567.

rejoined that, whilst her reproaches were once valid, an increasingly contingent of medical practitioners were 'carrying out researches with different contraceptive methods and really doing our very best for our poor patients as well as for our rich ones.'¹⁶⁰ Haire sought to end the long-standing animosity in 1934, denying that he had made 'misrepresentations ... about your work and that of the Society for Constructive Birth Control.' Acknowledging that the pair held divergent views on many aspects of the birth control question, he insisted that

I always accompany any expression of disagreement with your views, by an acknowledgement of the magnificent work you have done for the Birth Control movement in this country.....We both have enemies enough to fight in the Anti-Birth Control camp without engaging in quarrels or misunderstandings between ourselves.¹⁶¹

Within the medical hierarchy, however, a number of practitioners viewed the work of the Society with odium. Dr Mary Scharlieb, a consultant gynaecologist at the Royal Free Hospital in London, who was amongst the first wave of pioneering female physicians, roundly castigated the clinical activities conducted the aegis of the CBC. Opposed to the practice of artificial methods of contraception, Scharlieb claimed in one of the few debates on contraception published in the *British Medical Journal*, that Stopes sanctioned the dispensation of contraceptives to the unmarried, and duly facilitated this service at the Mothers' Clinic:

Some people who advocate the use of artificial preventives of conception go so far as to consider this knowledge an unmixed benefit to unmarried girls and women; indeed, one well-known non-medical advocate of artificial prevention stated a few days ago that a young unmarried woman attending her clinic had already procured abortion twice, but she was thankful to have been able to teach her how to avoid that necessity in future! ... The people & the nations which practice artificial prevention of conception, and who therefore have no restraint on their sexual passions, are likely to become effeminate and degenerate. The removal of the sanction of matrimony, and the unhindered and unbalances sexual indulgence that would follow, would war against self-control, chivalry and self-respect.¹⁶²

¹⁶⁰ Norman Haire to Marie Stopes, 24 October 1929, BL MS Papers, Add. MSS 58567.

¹⁶¹ Norman Haire to Marie Stopes, 14 March 1934, BL MS Papers, Add. MSS 58567.

¹⁶² Mary Scharlieb, 'Birth Control', Correspondence section, *The British Medical Journal*, July 16 1921, 93-94.

Stopes immediately sought to defend her personal reputation and that of her enterprise, refuting the suggestion that the birth control movement was associated to vice and promiscuity, as 'the method of control we advise in the clinic *cannot* be used by virgin girls, and therefore cannot have induced a single case of downfall.'¹⁶³ Other physicians subscribed to the same viewpoint as Scharlieb. Professor Anne Louise McIlroy, a gynaecologist at the London School of Medicine for Women, also condemned the work of the CBC and other birth control groups, castigating 'their efforts to spread propaganda,' and their discussion of 'sex problems ... without reserve.'¹⁶⁴ McIlroy acted as a witness countering Stopes in her libel trial against the Catholic physician Dr Halliday Sutherland in 1924, claiming that the check pessary used by the CBC at its clinic was the most harmful method of contraception available. During the course of the trial, it was discovered under cross-examination by Stopes' counsel that McIlroy had made the claim without encountering a single case of pessary use in her clinical practice.¹⁶⁵ Thus, in its dealings with the medical hierarchy, the CBC had to both seek the favour of sympathetic physicians, and counter the claims of medical opponents. Given Stopes' belligerent nature and barely veiled antipathy towards the medical profession, perhaps it is unsurprising that members of the profession displayed a similar antagonism towards her organization's aims and methods.

¹⁶³ Marie C Stopes, 'Birth Control', Correspondence section, *The British Medical Journal*, August 13 1921, 262.

¹⁶⁴ A Louise McIlroy, 'Some Factors in the Control of the Birth Rate', *Transactions of the Medico-Legal Society for the Year 1921-22*, 1922, 15, 141.

¹⁶⁵ Marie Stopes, 'Presidential Address – Medical Contradictions and Mistakes in the Recent Case,' *BCN*, Nov 1923, 2.

In contrast, for the advocates of the American Birth Control League acquiring medical endorsement represented a fundamental tenet of their campaign strategy. Historian Andrea Tone posits that in focusing upon this narrow agenda, Sanger 'sought birth control allies through an ideology that trumpeted women's health over their civil liberties and cast doctors, not patients, as agents of contraceptive choice.'¹⁶⁶ The League fostered a key alliance with Dr Robert Latou Dickinson, a gynaecologist with interests in contraception, marriage counseling and sex research.¹⁶⁷ Dickinson, convinced of the need to make contraceptive treatment a respectable element of medical practice, established the Committee for Maternal Health, an association with over fifty members, as a means of enabling the medical acquisition of birth control from its lay base.¹⁶⁸ The ABCL and the CMH agreed to instigate a joint committee for the purpose of acquiring a dispensary licence, with the resulting intention of transferring the Clinical Research Department of the League into medical hands. The committee, entitled the Maternity Research Council, comprised of five members from each association, undertook the provision of

... clinical facilities, licensed, when necessary, by the State Board of Charities, for such patients as may be entitled to contraceptive advice under the laws of the State of New York and to undertake a scientific investigation of contraceptive methods.¹⁶⁹

However, in spite of this united front with medical authorities, the notion of an alliance did not meet with unanimous support amongst League advocates. A number of prominent League activists, particularly in the scientific fraternity, disagreed with the advisability of a medical takeover, fearing partly that the interests of scientists, eugenicists and other researchers would lose authority over the direction of the clinical programme. The

¹⁶⁶ Tone, *Devices and Desires*, 125.

¹⁶⁷ Reed, *From Private Vice to Public Virtue*, 148.

¹⁶⁸ McCann, *Birth Control Politics*, 80. Report of the Conference of Maternal Health Committee and Clinical Research Committee of the ABCL, held November 29 1925, MS SSC Papers, Reel S61.

¹⁶⁹ 'Incorporation of Maternity Research Council,' quoted *Ibid*, 82-83.

geneticist Clarence Cook Little, a leading opponent of the scheme, conveyed to Dickinson that, whilst medical endorsement was a necessary step, the membership of the MRC had 'a distinct preponderance of purely medical men ... I do not think that they have earned the right to take over the work in a field which others have tilled for them.'¹⁷⁰ Little contended that whilst the clinical activities should naturally be undertaken by medical professionals, the record keeping and general policy direction of the facility should remain with the directors of the ABCL.¹⁷¹ The eugenicist Leon J Cole urged Sanger that the MRC should comprise of an 'equal representation of medical men, lay research men, and those representing the business interest ... there should not be a majority of any one.'¹⁷² Dickinson countered this opposition by insisting that achieving medical endorsement was the key point at issue – without recognised professional support, the League could not hope to achieve its central tenet of augmenting provision of medicalized contraception:

The issue we are making at present is to get the medical profession on to their job of giving birth control information to every patient entitled to it under our laws. Our Committee has won seven leading medical institutions to consent to take patients and give them advice. After a proper interval we showed patients were shy of such places and the doctors mostly timorous. This was brought to the Academy of Medicine as a reason for endorsing a non-hospital clinic. It endorsed, but only if it had representative, responsible medical control.¹⁷³

The MRC proved unsuccessful in its attempts to obtain the necessary State Board of Charities licence required to allow the clinic to be operated as a medical dispensary; the State Board deemed such a venture to be 'inexpedient' in the current climate.¹⁷⁴ The issue of a medical takeover duly became less pressing. Dickinson maintained close ties with Margaret Sanger, forging a close alliance with the BCCRB, the renamed Clinical Research

¹⁷⁰ CC Little to Robert Latou Dickinson, 26th October 1925, MS Collected Papers, Reel CO3, 698.

¹⁷¹ Ibid.

¹⁷² Leon J. Cole to Margaret Sanger, 21 Dec 1925, MS Collected Papers, Reel CO3, 753.

¹⁷³ RL Dickinson to CC Little, 22 Oct 1925, MS Collected Papers, Reel CO3, 97.

¹⁷⁴ Letter Robert Latou Dickinson, Maternity Research Council, to Margaret Sanger, 19 March 1926, MS Collected Papers, Reel CO4, 83.

division Sanger co-opted during her split with the ABCL. The disputes within the ABCL over the question of medical authority for clinical enterprises suggest that whilst the majority of League advocates supported this policy direction, a number of prominent figures disagreed with the notion of a medical hegemony over birth control. These advocates, possessing their own scientific research agendas for birth control, sought to maintain some level of authority in the face of a medical monopoly. Whilst the League claimed unqualified support amongst members for its medical strategy, there were clearly some dissenters in the ranks who feared the medical hierarchy would co-opt the birth control movement from both lay and scientific control, leaving other interested authorities without influence or jurisdiction over the issue.

Throughout their campaigns during the interwar decades, both the birth control groups sought to align themselves with prominent fellow reformers and medical authorities, impelled by the aspiration of receiving sanction and support. In many instances, the attempts of both organizations proved nugatory: the organized hegemony of feminism feared controversy by association, and, in spite of the endeavours of some individual groups and activists, duly distanced itself from the birth control movement. The elitist advocates of eugenics in Britain and the United States discountenanced the scientific credentials of the lay associations, whilst also disputing the methods and intentions behind the work. Many medical practitioners remained in hostile ignorance of the practice of birth control; others recognized its potential benefits as a therapeutic practice, but sought to wrest control from the lay activists by establishing a medical monopoly. Meaningful, mutually supportive coalitions with other movements remained an elusive goal.

Solidarity and strife: consensus and division in the birth control movement

The politics of birth control were incontestably recast with the inauguration of Sanger and Stopes' campaigning groups in 1921. In constructing a vision of birth control which employed contemporaneous notions of elevating motherhood, prohibiting dysgenic reproduction, and applying scientific knowledge to ameliorate social problems, the two associations restructured the ideological scope of the movement. As the pioneering bodies portending this political redirection, the ABCL and the CBC, and in particular, their figureheads Sanger and Stopes, insisted upon receiving due deference for their efforts. Both organizations struggled to maintain cordial relations with other associations in the field, whilst internal disunity and conflict emerged over questions of policy and procedure. In this section, I consider the co-operation and the contention which shaped the politics of interwar birth control. Internal friction in the two associations engendered divergent reactions and responses, whilst the manoeuvrings and manipulations of the national and international realm of birth control activism resulted in both concord and discord. I also examine the roles of the two organizational journals, the *Birth Control News* and *The Birth Control Review* in propagandizing the both societal and broader movement's goals and struggles. Finally, I analyse the transition towards professionalism which recast the scope of birth control politics during the 1930s. Voluntary associations began to implement bureaucratic practices in their activism, and paid professionals increasingly entered the field of reform. Both organizations had to determine whether to embrace these processes and the ensuing changes, or whether to maintain their current structures and practices. I contend that in the case of both groups, the decision to apply the principles of professionalism ultimately framed their organizational significance in the realm of birth control politics.

Internal conflict

Both associations instituted an organizational structure which maintained a stringent hierarchy; whilst supporters enlisted and departed from the groups, the founders Margaret Sanger and Marie Stopes remained unquestionably in charge of their dominions. The two groups both encountered internal altercations in the course of their campaigns, but each took a different path to resolve these crises. In the American context, the conflicts over policy and personality split the association asunder, culminating in ramifications for the entire national movement over the following decade. In the case of the CBC, the internal disputation was quickly suppressed by the determination of the Society headquarters to maintain their predominance over affiliated groups.

Margaret Sanger had been in charge of the League for six years, when in 1927, she took a leave of absence from ABCL affairs to organize the World Population Conference in Geneva under her individual aegis. During her absence, the League was chaired by Eleanor Dwight Jones, who began to institute a divergent organizational programme to the model Sanger had initiated. Sanger personally dictated policy; Dwight Jones favoured policy formulation by committee.¹⁷⁵ Key Sanger allies felt increasingly alienated by this new arrangement, and the dismissal of Anne Kennedy, who had served as both Legislative and Executive Secretary in the organization, precipitated a struggle upon Sanger's return from Europe.¹⁷⁶ Unused to her authority being refuted, and later claiming that 'the old aggressive

¹⁷⁵ See Ellen Chesler interview with Grant Sanger, 21.

¹⁷⁶ Margaret Sanger to Juliet Barrett Rublee, 28 June 1928, MS Collected Papers, Reel CO4, 674-81.

spirit had been superseded by a doctrinaire program of social activity,' Sanger resigned the Presidency of the League:¹⁷⁷

During my absence of almost two years, doubtless it was found necessary to restrict and to prohibit the powers of the President. In such restriction there often lurks a danger – the danger of curtailing the initiative of individuals and deadening that creative interest which is essential to successful leadership. Continued growth in the future still depends, as it has in the past, upon that dynamic energy which is released by profound interest, devotion and whole-souled conviction and faith.¹⁷⁸

Initially, Sanger agreed to remain on the board of directors and maintain the editorship of *The Birth Control Review*. However, once her authority was challenged in this arena, Sanger and her close allies decided to sever all links to the League in January 1929:

During the past few months following my resignation as President, the organization has suffered from discord between Board members and officials and petty politics. As a result, the organization is disintegrating and the success of the Birth Control movement is being seriously impaired.¹⁷⁹

It was decided that Sanger should maintain control of the Clinical Research Department, and the ABCL would keep the *BCR*.¹⁸⁰ The schism ushered in a decade of rivalry and ill-feeling between the former colleagues, illustrated by an altercation between ABCL President Dwight Jones and Sanger in 1930. Stating that League policy remained unchanged, Dwight Jones asserted that the federal prohibitions upon contraception did not impede the work of the ABCL:

Contrary to the prevalent understanding, the federal law does not actually interfere with this program, as it leaves physicians free to give contraceptive advice orally, both in their private practice and in clinics.¹⁸¹

Sanger had established a new federal lobbying committee, and understood Dwight Jones' statement to be an attack upon her campaigning strategy. Accusing the ABCL leader of damaging the movement, Sanger castigated the extent of the League's activities:

¹⁷⁷ Sanger, *An Autobiography*, 393-95.

¹⁷⁸ Margaret Sanger to ABCL Board of Directors, 8 June 1928, MS SSC Papers, Reel 28, 42, 0163.

¹⁷⁹ Margaret Sanger to Penelope B Parker Huse, 31 January 1929, MS SSC Papers, Reel S4, 957.

¹⁸⁰ Margaret Sanger to Juliet Barrett Rublee, 23 September 1928, MS Collected Papers, Reel CO4, 740-52.

¹⁸¹ Eleanor Dwight Jones to ABCL members, 28 November 1930, MS SSC Papers, Reel S61.

You, as President of the ABCL, should aim to cement all factions and not cause disintegration or lack of confidence in a cause so worthy a united front ... There is a distinct impression given in your letter made for the federal work would divert funds from the 'practical, constructive work of bringing reliable contraceptive advice within reach of women who because of poverty, ill health, or incompetence should, both for their own good and that of society, limit the number of their children.' ... The facts are that whatever good work the League may be carrying on at present, you cannot honestly say that the League is bringing reliable contraceptive advice to women because of poverty. The only Clinic, to my knowledge, which is being sponsored by the League is in this State – at the Madison House – and you surely know that information on contraception cannot be given for the reasons of poverty. Information from reliable sources give six patients as the largest number of patients advised in one session by your Clinic.¹⁸²

The League Board tried to calm the storm by insisting that they had done all possible to maintain a united movement, and regretting Sanger's departure from the ABCL, had offered her co-operation in her federal work campaign.¹⁸³ The relationship between Sanger and her former organization remained fractious throughout the 1930s. Sanger disputed the scope of the League's work, claiming in 1933 that 'they assume to be a national organization, and have neither the facilities nor the means to be such. This is giving a false impression of their magnitude.'¹⁸⁴ Sanger resented the involvement of new members and staff in the League, arguing that they 'have never taken the trouble to look up the history of the past, are badly informed ... and they swallow whole the misinformation ladled out to them by those whose interest it is to take away credit from others and to snatch it for themselves.'¹⁸⁵ The separation between Sanger and the ABCL served to seriously hinder the movement throughout the 1930s. Co-operation between the two leading national groups in the field, the ABCL and the newly formed National Committee on Federal Legislation for Birth Control, proved impossible whilst such animosity and hostility remained between the two sides. It would take until 1938 for the two parties to begin discussion upon co-operation and collaboration in earnest.

¹⁸² Margaret Sanger to Eleanor Dwight Jones, 8 Dec 1930, MS LC Papers, Reel 31, 325-26.

¹⁸³ Eleanor Dwight Jones to ABCL members, 28 November 1930, MS SSC Papers, Reel S61.

¹⁸⁴ Margaret Sanger to Hilda Kahlert Cornish, 30 December 1933, MS LC Papers, Reel 84: 466B-67.

¹⁸⁵ Margaret Sanger to Penelope B. Parker Huse, 20 December 1937, MS SSC Papers, Reel S14, 71.

The centralized structure of the CBC, and the insistent need of its President to dictate policy and procedure, left virtually no space for dissenting voices. The conflict between Society headquarters and the first affiliated branch clinic in Leeds, established in 1934, illustrates the determination of the CBC to maintain its authority over all matters of Society practice.¹⁸⁶ The CBC had established a strict framework governing the working arrangements of the new clinic, and the responsibilities and roles of its affiliated branch committee.¹⁸⁷ However, the local committee began to implement their own policy decisions and refused to provide headquarters with requested information. The Society demanded the resignations of the two local secretaries initially, followed by an order for the entire committee to disband, organizing a new branch group in its place.¹⁸⁸ In a report to the Executive Committee, Stopes detailed the failings of the Leeds branch:

The Leeds committee whose function was to help with publicity, collect funds etc, had proved from the first most inexperienced, obstructive, and ... worse than careless. The Leeds ... Secretary and ... Treasurer had on various occasions led to much wasting of time of the President and London staff. Owing to such obstruction in Leeds the publicity side and the work of collecting members and supporters for the League Clinic had been since their inception grievously hampered. ... It was proposed ... the culpable laxity of the Leeds lay officers was not be tolerated by our organization within its ranks. And that as the Leeds Committee have broken their agreement with us in almost every respect, it is now null and void.¹⁸⁹

In the decisive action taken to quell the disobedience of the Leeds clinic committee, the CBC sought to ensure that its central authority and structure maintained in tact. Stopes would not permit others who challenged her vision for the running of the Society to remain in the organization. Such a strategy guaranteed that the organization would largely remain conflict-free, but indubitably hindered its growth in membership and in prominence.

¹⁸⁶ I examine the conflict between CBC headquarters and the Leeds branch as it affected clinic policy more fully in the following chapter.

¹⁸⁷ Memorandum of working arrangements between the CBC Central Clinic and the Leeds Branch, 1934, CMAC PP/MCS/C18.

¹⁸⁸ HV Roe to Mrs Akers and Mrs Scarr, 31 July 1934, CMAC PP/MCS/C18; Marie Stopes to Lady Moynihan, 7 December 1934, CMAC PP/MCS/C18.

¹⁸⁹ CBC Executive Committee meeting minutes, 11 October 1934, BL MS Papers, Add MSS 58590.

The national birth control movements

Both the CBC and the ABCL believed that their political and campaigning strategies for birth control, together with their pioneering roles within the movement, entitled them to a particular deference and respect for their activities from others in the field. Both organizations struggled to co-operate and forge meaningful collaborations with other birth control campaigners. In both the British and American movements, this resulted in a lack of cohesion between the campaigning goals of the constituent groups, and hindered the potential growth and development of birth control agitation at a national level.

Following its establishment in 1921, the CBC experienced problematic relations with other bodies campaigning in the movement, partly due to Stopes' hostility to any group or individual she perceived as intruding upon her special field. Originally a member of the Malthusian League, Stopes resigned in the autumn of 1921, and immediately sought to distance the contemporary birth control movement from the work of the Malthusian League, by 'refuting the popular misconception that the BC movement 'originated from Bradlaugh.' Instead, Stopes contended that 'instead of helping the movement forward, the ultimate result of his action has hindered it and thrown it back.'¹⁹⁰ The CBC also set itself apart from other campaigning groups in its failure to offer support to the communist publishers Guy Aldred and Rose Witcop, in their obscenity case in 1923. The pair, who ran the Bakunin press, were charged with publishing an obscenity after a revised version of Sanger's *Family Limitation*, complete with illustrations and a reference to abortion, was issued. Without delay, birth control activists formed a defence league, including amongst

¹⁹⁰ 'Resume of Main Points in Presidential Address 'CBC' Society for Constructive BC and Racial Progress, Delivered Thursday, 13th Oct, 1921, London', BL MS Papers, Add. MSS 58589, 49.

their number the Malthusian League, together with Bertrand and Dora Russell. Bertrand Russell had supported the CBC in the role of a Vice President, and urged Stopes to join the campaign:

There will of course be considerable expense connected with the appeal ... I have subscribed to the necessary fund myself and I hope everybody prominently connected with the CBC is going to do likewise. Also couldn't you encourage some of the more respectable of your members to give evidence for the defence? Conservatives, if possible ... Would you mind letting me know what steps you are taking to help the Aldreds? I feel it important that all who stand for birth control, should hang together, if only for fear of hanging separately.¹⁹¹

The CBC, fearing any association with communist sympathizers, refused to participate in the campaign; Bertrand Russell resigned from the CBC in protest.¹⁹² Stopes insisted that the CBC had been correct in its refusal, supporting the magistrate's summing up of the case:

I heard the magistrate's summing up and verdict in the Aldred prosecution, and he quite distinctly said that it was not so much the pamphlet itself as the method of publication which was being tried. ... In the present case, the method of publication, being objectionable, it is quite open to Margaret Sanger to republish her pamphlet properly with her regular book publisher, instead of in the manner the Aldreds handled it. ... It is an interesting feature of the prosecutions which have ever been in this country against Birth Control that all have been due to some accessory objectionable feature in the method of handling or publication, and have never involved the right properly to publish BC information, for that has always been, is, and I trust will always remain, perfectly legal and proper in this country.¹⁹³

The Malthusian League, influenced by the prevailing shift in birth control politics following the foundation of the CBC, decided to rename their association The New Generation League, thus removing the association with Neo-Malthusian doctrines which had prohibited so many parties interested in the birth control debates from joining the league.¹⁹⁴ Stopes believed that the formation of a new society, removed from the Neo-Malthusian sphere, was a direct consequence of her organization's work in reshaping the British birth control campaign:

¹⁹¹ Bertrand Russell to Marie Stopes, 13 January 1923, quoted in Ruth Hall, *Dear Dr Stopes* (London, 1978), 52.

¹⁹² Rose, *Marie Stopes and the Sexual Revolution*, 162.

¹⁹³ Marie Stopes, 'The Aldred Prosecution,' letter to the *Nation and Athenaeum*, 3rd Feb 1923, Add. MSS 58596, 129. Emphasis in original.

¹⁹⁴ Soloway, *Birth Control and the Population Question in England*, 192-3.

It appears that, perceiving the extraordinary success of the policy and tactics pursued by the Constructive Birth Controllers, both in the form of the Society, the practical clinic, and this Birth Control News (which although so recently founded, is already a weighty organ) some newer members of the Malthusian League would prefer to be reckoned as Birth Controllers rather than to maintain the recondite economic platform of the true and original Malthusian League. ... It is not too late for the Malthusians to return to the fold and rally once more around the defenders of their faith. Those who prefer the more succulent fruit of Birth Control are eligible for membership to the CBC, whose doors are so wide that all shades of political interests and religions may enter. To initiate a new society which at best can be but an imitation of the Society for Constructive Birth Control would be a sorry step.¹⁹⁵

The CBC was also hostile to the activities of Nurse Elizabeth Daniels, the Edmonton health visitor dismissed from her post in 1922 after giving her patients the address of the Mothers' Clinic, against the policy of the local health authority.¹⁹⁶ Whilst insisting that the 'Society for CBC and Racial Progress exists to assist in the voicing of those views in the most effective way possible, and for all its preliminary advice and protection all potential martyrs should appeal,' she urged that those working in the fields of health and welfare should not disobey direct instructions otherwise:

... If nurses and welfare workers would ascertain the views of their doctors, and where those are *unfavourable*, communicate at once with the Society for CBC, and act with restraint, and only under proper advice, much might be accomplished for the cause, and without any martyrdom. No responsible body of persons can possibly support a nurse in insubordination towards her doctor; nevertheless, with the large body of public opinion now behind those doctors who are prepared to act in the public interests, it may very well be possible to secure the *right* doctors for public work.¹⁹⁷

Stopes also corresponded with the Ministry of Health upon the question of Nurse Daniels, and whilst asserting her support for birth control dissemination from welfare centres, reiterated that Daniels' insubordination was 'evident, and I make no claim or protest on her behalf, for it is obviously a prime necessity that nurses must be strictly obedient to their superior doctors.'¹⁹⁸ The CBC continued to monitor Daniels' activities. Following her dismissal, the health visitor founded her own birth control centre in Crouch End; Stopes sent one of her administrative staff to pose as a client in 1924 to ascertain Daniels' methods

¹⁹⁵ Editorial, 'The Malthusian League', *BCN*, July 1922, 3.

¹⁹⁶ Soloway, *Birth Control and the Population Question in England*, 282.

¹⁹⁷ Editorial, 'Public Policy,' *BCN*, January 1923, 3.

¹⁹⁸ Editorial, 'About Edmonton,' *BCN*, February 1923, 2.

and procedures.¹⁹⁹ The Society did, however, co-operate with the newly-formed Workers' Birth Control Group during the campaign on welfare centres. The two associations held a joint meeting in 1924 to address the question:

...we have to welcome the new Society, the Workers' Birth Control Group, which is essentially a party group. Our Society, although non-party, welcomes them very cordially. As a Society we, of course, would be equally inclined to welcome a group inside any one of the parties, and we see no reason why we should not be affiliated with active groups of Conservative, Liberal and Labour women.²⁰⁰

The CBC toiled to forge close collaborations with other birth control associations. Stopes saw other groups as rivals and competitors, and often denigrated their policies and politics. Moreover, her belligerent attitude and insistence upon respect meant that the Society was increasingly sidelined within the wider movement.

Relations between the ABCL and its main competitor in American birth control politics, the VPL, were beset by problems from the inception of the League in 1921. Founded by Mary Ware Dennett in 1919, the VPL, whilst claiming a national role, was in fact a small organization largely staffed by former members of the NBCL.²⁰¹ Although former colleagues in the NBCL, the relationship between Sanger and Dennett had long been characterized by antipathy and distrust; Sanger perceived Dennett as a rival to her predominance in the movement, whilst Dennett doubted the merits of Sanger's radical tactics and propagandizing.²⁰² Sanger and her allies decided not to invite the VPL to participate in the 1921 conference inaugurating the work of the League; upon discovering

¹⁹⁹ E Latten to Marie Stopes, 13 January 1924, BL MS Papers, Add. MSS 58596.

²⁰⁰ 'Joint Meeting with the Workers' Birth Control Group,' *BCN*, July 1924, 2. On the Workers' Birth Control Group activism, see Stephen Brooke, *The Body and Socialism: Dora Russell in the 1920s*, *Past and Present*, 189, November 2005, 147-77.

²⁰¹ Robyn L Rosen, 'Federal Responsibility or Governmental Tyranny? The reproductive reform impulse and the welfare state, 1917-1940,' PhD thesis, University of New York at Binghamton, 1992, 208-11. See also Constance M Chen, *The Sex Side of Life: Mary Ware Dennett's Pioneering Battle for Birth Control and Sex Education* (New York, 1996).

²⁰² Rosen, 'Federal Responsibility or Governmental Tyranny,' 220.

this, Dennett urged Sanger to reconsider her plans to launch a new national association without allowing the conference attendees to hear of the VPL programme for birth control:

As the VPL is the only national or large birth control organization in the country, and since it has a very far-reaching, comprehensive national program for practical procedure for making contraceptive knowledge available by clinical service and by publications, for all the people in the shortest possible time, and since it has a record for achievement in educational work which is unprecedented in the birth control movement – the proposition to organize another national league is one which should be undertaken, if it all, only if those backing the proposition can offer a vitally different, bigger and better program than that of the VPL, and can guarantee funds for carrying it out...²⁰³

Dennett asked for the conference to consider the possibility, for the sake of the movement, of 'pooling of all the forces now in the Voluntary Parenthood League, the NY Women's Publishing Company, and in the informal group which is attached to Mrs Sanger – into one strong federation which would be divided into departments, all cooperating for the speeding up of the birth control movement.'²⁰⁴ Sanger refused to countenance such a suggestion, denigrating Dennett's claims regarding the national programme of the VPL, and insisting that the new national birth control association was both 'necessary and expedient.'²⁰⁵ The ABCL continued to refuse any co-operation with Dennett and her fellow advocates in the VPL, even when faced with requests from affiliated state leagues. The Illinois Birth Control League, co-ordinating a conference for the Middle Western states in 1923, urged Sanger to allow the VPL to present their program on federal law reform to delegates, given their conviction that 'some such modification of the Federal laws as that for which the VPL has been working is one of the most important and desirable objectives which any birth control organizations has set for itself.'²⁰⁶ Conveniently forgetting that the activities of the VPL antedated those of the League, Sanger claimed the rival group was 'formed in opposition to

²⁰³ Letter Mary Ware Dennett to Committee on Arrangements for the National Birth Control Conference, 28 July 1921, MS Collected Papers, Reel CO1, 0754.

²⁰⁴ Ibid.

²⁰⁵ Margaret Sanger to Mary Ware Dennett, 10 October 1921, MS Collected Papers, Series 3, Subseries 1.

²⁰⁶ James A Field, Illinois Birth Control League to Margaret Sanger, 24 June 1923, MS Collected Papers, Reel CO2, 357.

our league and what we stand for.’²⁰⁷ Relations between the two groups deteriorated further after the ABCL instigation of a federal reform policy. Both organizations undertook simultaneous lobbying work in Washington for two divergent bills; the clean repeal favoured by the VPL, and the physician-centred model drafted by the League. VPL and League advocates canvassed the opposing faction’s membership, seeking to gain the upper hand in the battle over the method of federal law change.²⁰⁸

Sanger’s departure from the League brought the troubled relationship between the two associations to an end. Eleanor Dwight Jones, the new League President, claimed to support Dennett’s legislative plan for the clean repeal, whilst Dennett even invited the ABCL President serve as a member of the VPL National Council.²⁰⁹ Sharing a common rival, the two formerly feuding associations coalesced together in opposition to Sanger’s tactics and personal criticisms of their work.

In both the British and American contexts, the wider national movements for birth control were hindered by personal antagonisms and professional rivalries, precipitating conflict and dissension as associations jostled for position and pre-eminence. Both the League and the CBC were poor co-operators, pursuing their individual agendas and visions of birth control, at the expense of nurturing and broadening a cohesive national movement for reform. The

²⁰⁷ Letter Margaret Sanger to James A. Field, Illinois BC League, 13 Aug 1923, MS Collected Papers, Reel CO2, 467. Members of the VPL also lobbied Sanger to establish closer ties with the ABCL; she refused every request for co-operation. See Letter AL Goldwater to Margaret Sanger, 10 Jan 1922, MS Collected Papers, Reel CO2, 00016; Letter Margaret Sanger to John Haynes Holmes, 20 Jan 1922, MS Collected papers, Reel CO2 00023; Letter Margaret Sanger to George H Engelhard, VPL, 13 May 1925, Reel CO3, 491.

²⁰⁸ VPL to ABCL, 3 May 1923, Mary Ware Dennett Papers, Schlesinger Library, M-138, Reel 16, 0640-41; Letter ABCL to VPL members, Circa Feb 1926, Houghton Library, American BC League Papers, bMs Am 2063, 328.

²⁰⁹ Mary Ware Dennett to Marie Stopes, June 2 1929, BL MS Papers, Add MSS 58585, 222; Mary Ware Dennett to Marie Stopes, Oct 24 1929 229-230, BL MS Papers, Add MSS 58585.

broader national movements during the interwar decades were characterised by fragmentation and a spate of missed opportunities for closer collaboration and unity.

The international birth control movement

Whilst the national movements for birth control in Britain and the United States lacked a cohesive identity and a sense of solidarity between campaigning groups, the international realm of birth control also saw rivalries extend from the national arena as individuals sought to extend their spheres of influence across national boundaries. Both associations attempted to forge links with other groups and influence birth control politics overseas.²¹⁰

In this section, I will particularly address the ties between Anglo-American birth control advocates, given the comparative nature of this study. Stopes and Sanger established an initial mutual admiration, which collapsed in the face of professional and personal enmity, resulting in a distinct lack of co-operation between their respective associations. In contrast, the CBC enjoyed a close connection to the VPL, collaborating in lecturing and writing on behalf of the other association. In addition, the ABCL played a key role in creating a sense of international cohesion and unity on birth control, by hosting the 1925 International Neo-Malthusian and Birth Control Conference, which drew together advocates from across the world, to lecture and debates the practices and policies underpinning their campaigns. In the scope of these international endeavours, I seek to examine the international politics which governed the wider movements, and influenced interactions between campaigners on both sides of the Atlantic.

²¹⁰ Sanger's international activism is well-documented and extends further than the scope of this study. See Thomas, *International Intercourse*, for an excellent survey of her endeavours outside the United States. Susanna Klausen has examined the links between Stopes and the South African birth control movement. See 'The Imperial Mother of Birth Control: Marie Stopes and the South African Birth Control Movement, 1930-1950', in Gregory Blue, Martin Bunton and Ralph Crozier (eds.), *Colonialism and the Modern World* (London, 2002), 182-99.

Sanger and Stopes quickly forged a friendship upon their introduction in 1915 in London. United by a common cause, Stopes rallied to Sanger's defence by gathering together a number of high profile signatories, including Havelock Ellis and Edward Carpenter, to protest to President Woodrow Wilson in the face of Sanger's struggles against Comstockery:

The case of Mrs. Margaret Sanger who has recently heroically flouted the Comstock Laws, and thus placed herself within the toils of a criminal prosecution, has stirred some of us to an intensity of feeling and a burning admiration for her courage... so convinced are some of our famous men of the purity and nobility of her purpose, and the profound racial importance of the truths she endeavours to make known to those most needing them, that a letter was sent to you jointly signed by a small number of us ... I pray that you, Sir, may be instrumental, not only in rescuing Mrs. Sanger, a tender and sensitive mother, from injustice; but, also that you will hasten the establishment of a new era for the white race, when it may escape the sapping of its strength and the disease which are the results of too frequent childbirth by over-worn or horror-stricken mothers.²¹¹

The comradeship between the pair soon dissolved into mutual animosity, however. Sanger had developed close ties during her visits to England with the Neo-Malthusian Drysdales, and noting Stopes' antipathy to their campaigns, Sanger in turn, repudiated Stopes' knowledge on birth control, scientific abilities, intellectual prowess and clinic endeavours.²¹² Stopes' support for the activities of the Voluntary Parenthood League ended the association between the pair. By lecturing to a VPL audience in New York, Stopes had made, in Sanger's mind, a 'public declaration in support of the VPL's activities... (which) ... places you in my estimation, for all time, outside the sphere of disinterested international

²¹¹ Letter Marie Stopes to President Woodrow Wilson, September 1915, BL MS Papers, Add. MSS 58586, 15-16. Sanger rebuked Stopes for raising abortion issue – Stopes claimed 'it is not maintained that Mrs. Sanger has in all respects been perfectly wise in her self-sacrifice' and 'Mrs. Sanger has unfortunately weakened her position by a sentence in which she appears to condone abortion, though in her other pamphlets she specifically says 'It is because of abortions occurring so frequently among the women of the working class today, the suffering, illness, operations, invalidism, and deaths resulting from the carelessness of their performance, that has urged me to make any sacrifice, and direct my efforts to make it possible for these women to obtain clean and harmless knowledge of the means to prevent conception, and thereby prevent abortions, and the necessity for them.' Emphasis in original.

²¹² Margaret Sanger to Juliet Barrett Rublee, 20 July 1921, MS SSC Papers, Reel C1:745-47; Margaret Sanger to Juliet Barrett Rublee, 30 July 1921, MS Collected Papers, Reel C18:12-28; Margaret Sanger to Juliet Barrett Rublee, 14 July 1921, MS Collected Papers, Reel C1, 732-4.

adherents to the cause of Birth Control.’²¹³ Strong-minded, determined and self-righteous figures, it was inevitable that the two women would come into conflict over their work in the same sphere. Their rift also affected the wider dynamics of the movement, as Soloway notes:

The New Generation League allied itself with Sanger and endorsed her international and domestic activities to the exclusion of all her American rivals. Portions of her Birth Control Review were regularly featured in the New Generation. By contrast, Stopes’s Birth Control News virtually ignored Sanger’s activities and instead followed the declining fortunes of Mary (Ware) Dennett and her embattled Voluntary Parenthood League. On the other side of the Atlantic, Sanger consigned Stopes and the CBC to comparative oblivion after 1921, leaving her American followers with the impression that, along with the Neo-Malthusians and a few other groups, she constituted the British birth control movement.²¹⁴

Stopes’ support for the VPL campaign had provoked the schism with Sanger and the ABCL. Stopes and Dennett, however, maintained friendly relations throughout the interwar decades, supporting one another’s work with regular correspondence and active assistance.²¹⁵ Stopes gave an account of her clinical work in London to a gathering of VPL supporters at the New York Town Hall in 1921, urging the audience to endorse Dennett’s campaign for federal repeal and establish a network of clinical facilities in the same fashion as the Mothers’ Clinic.²¹⁶ Stopes shared Dennett’s commitment to the clean repeal, insisting that she would not endorse any programme which supported the physician-centred model of legal reform:

I have just been shown a circular of yours in which, instead of pressing for the clean, simple change of the Federal law to take out contraceptives from among the list of obscene things, you are only pressing for the medical profession to have the right to circulate information. This seems to me a terribly bad measure: the trade union of the medicals is not to be trusted, and you would only be putting a yoke on the neck of the public which would be even more difficult to lift than your present one. I do hope you are not really making that your main platform for I could not speak without protesting against that clause.²¹⁷

²¹³ Margaret Sanger to Marie Stopes, 29 Oct 1921, BL MS Papers, Add. MSS 58586, 81-82.

²¹⁴ Soloway, *Birth Control and the Population Question in England*, 228.

²¹⁵ See Mary Ware Dennett, ‘Why Legislation?’ *BCN*, 10, 12, April 1932, 203-4.

²¹⁶ Voluntary Parenthood League, *Verbatim Report of the Town Hall Meeting Under the Auspices of the VPL, At which the Chief Speaker was Dr Marie C Stopes, of London, President of the SCBCRP* (New York, 1921).

²¹⁷ Marie Stopes to Mary Ware Dennett, 22 August 1921, Mary Ware Dennett Papers, Schlesinger Library, Reel 14, 0489.

In hosting the 1925 International Neo-Malthusian and Birth Control Conference in New York City, the ABCL sought to bring a new level of cohesion and collaboration to the international realm of birth control agitation. The conference brought together most of the leading international advocates in the field, including the elder statesmen of neo-Malthusianism, the Drysdales, international clinic pioneers, including Dr Aletta Jacobs, the leading Dutch advocate, together with American activists from affiliated leagues and clinics, to discuss their campaigns and convictions regarding birth control.²¹⁸ No advocates from the CBC or the VPL were invited to address the international gathering, although Norman Haire reported upon the work of the Mothers' Clinic.²¹⁹ Sanger believed the conference to have been a success, rejuvenating the movement through discussion and debate on ideology and practice:

The Spring of 1925 closed with the general opinion that the 6th International Birth Control Conference had been the means of inspiring finer work and elevating the subject by gaining the scientific interests of biologists, sociologists, geneticists, and statesmen.²²⁰

The international movement brought together activists from across the globe, united by their common belief in the panacea of birth control. Yet the politics of the movement also served to disunite as much as to unify. The ABCL and the CBC, for much of the interwar decades the two predominant birth control associations in their respective nations, could not overcome the personal antipathy between their leaders to establish any meaningful international association during this epoch. In contrast, the warm affinity shared by Stopes and Mary Ware Dennett encouraged a closer co-operation between their two organizations,

²¹⁸ Dr Aletta Jacobs, 'A Generation of BC in Holland,' 6th International Neo-Malthusian & BC Conference, March 1925, ABCL Papers, Bms Am 2063, 621.

²¹⁹ Norman Haire, 'Dr Marie Stopes,' 6th International Neo-Malthusian and Birth Conference, ABCL Papers, Bms Am 2063, 656.

²²⁰ Margaret Sanger, *My Fight for Birth Control* (New York, 1931), 293.

whilst the endeavours of the ABCL to unite international advocates encouraged transnational discourses and debates on common aims and individual goals. The politics of the international birth control movement were equally subject to the manoeuvrings and machinations which characterized the national birth control sphere, but birth control reformers also drew mutual support, encouragement and intellectual enlightenment from foreign advocates in a manner not reflected in their home movements.

Promulgating propaganda

In their campaigning and advocacy for birth control, both associations made use of their association journals, the *Birth Control News*, founded by the CBC in 1922, and *The Birth Control Review*, established by Sanger in 1917 under the auspices of the New York Women's Publishing Company, prior to the inception of the League. Both journals promulgated news of the movement, initiating debate and discussion and presenting editorial perspectives on prominent issues arising from the question. The *BCR* originally began as a radical mouthpiece for Sanger's earlier activism, adhering to the firebrand principles of *The Woman Rebel* in its early issues:

This Review comes into being, therefore, not as our creation, but as the herald of a new freedom. It comes into being to render articulate the aspiration of humanity toward conscious and voluntary motherhood.²²¹

As the movement transfigured from radicalism towards respectability, these revolutionary roots gave way to a more conservative perspective during the 1920s. However, the League still employed the propagandist tactics which had characterized Sanger's earlier activism, using publicity-grabbing headlines and emotive debates in the *BCR* as a means of galvanizing support:

²²¹ Margaret Sanger, quoted in John M. Murphy, "'To Create a Race of Thoroughbreds': Margaret Sanger and *The Birth Control Review*", *Women's Studies in Communication*, 1990, 13, 23-45.

Persecution furnishes perhaps the very best publicity. It touches people's sympathy and arouses their indignation as they cannot be aroused by cold reasoning, however marvelously presented. It forces the discussion of the questions involved and compels people to take a stand in regard to them. But the time comes when this form of publicity is no longer available – the movement gets beyond the stage of persecution. It is then necessary to study and utilize the same psychology in order to keep the movement alive and not to allow the interest of the public to flag.²²²

In contrast to the more radical approach adopted by the *BCR*, the *Birth Control News* claimed as its subtitle 'the Statesman's newspaper,' contending that no other extant journal adhered to a 'fundamental policy of statesmanship.'

The Birth Control News intends to present to those who desire to see them shorn of the ephemeral, the real problems facing national and international statesmanship today. The politicians may pander to the public, the statesman should, like a wise father, first be sure that the public is health and happy.²²³

Stopes and Sanger both assumed editorial control over the journals; after Sanger's departure from the League in 1928, an editorial board took over responsibility for the journal.²²⁴ The tenor of articles featured in the two journals reflects more widely on the policy decisions and personal perspectives of the two leaders, and subsequently, the editorial board. Soloway argues that 'the *Birth Control News* is as much a chronicle of Stopes' skewed perception of her unblemished virtues and her adversaries' duplicitous vices as it is of the birth control movement in the interwar years.'²²⁵ Stopes penned articles on the menace of abortion, eugenic sterilization, insidious attempts by Catholic opponents to subvert the work of the movement, and her legal trials and tribulations. Stopes also regularly reported upon the work of the VPL, yet failed to mention the activities of Sanger's ABCL until her American foe had broken with the League.²²⁶ Early

²²² Annie G. Porritt, 'Publicity in the Birth Control Movement', in Raymond Pierpoint (ed.), *Report of the Fifth International Neo-Malthusian & BC Conference*, Kingsway Hall London, July 11th-14th 1922 (London, 1922), 302-303.

²²³ 'Our Aims and Policy,' *BCN*, May 1922, 1, 3.

²²⁴ Kathleen L Endres & Therese L Lueck, *Women's Periodicals in the United States: Social and Political Issues*, Westport, CT, Greenwood Press, 1996, 34.

²²⁵ Soloway, *Birth Control and the Population Question in England*, 220.

²²⁶ Articles included 'What Catholics are up to – PLAN WORLD FIGHT ON BIRTH CONTROL', *BCN*, 10, Sept 1931, 77; articles on abortion - 'A Coroner Asks – Never Heard of Birth Control Clinics?' *BCN*, 10, 4, August 1931; 'A Judge Stirs the Public: In four separate judgments, Mr Justice McCardie stressed the need

articles featured in the *BCR* included polemics on socialism, feminism and calls for birth strikes; anarchists, labour leaders and feminists authored radical treatise reflecting the revolutionary links of the earlier birth control campaigns.²²⁷ As the League adopted a progressively more reactionary stance in its politics, the *BCR* featured not only articles on the establishment of clinics and the practical work of the association, but also compositions addressing eugenics, social work, and the implementation of birth control as a social welfare measure.²²⁸ The circulation of the *BCR* at its peak reached between fifteen and thirty thousand; it was also distributed to clinics and affiliated leagues to disseminate amongst members.²²⁹ The League also established a newsletter, the *National Clinic Courier*, to circulate to its affiliated clinic network in 1935. The newsletter set out to furnish clinics with more practical advice and specialist information than was permitted in the *BCR*. Articles advised clinics how to establish, provide advice and instruction to clients, interpret clinical results, and develop closer co-operation with

for birth control,' *BCN*, January 1932, 10, 9, 129-134; Editorial, 'A Great Step in America,' *BCN*, March 1924, 3, focusing on Dennett's introduction of the Cummins-Vaile bill, 'Anglican Bishops in Anti-Stopery Campaign,' *BCN*, August 1931, 10, 4, 50-52; Editorial, 'The Stopes-Sutherland Case', *BCN*, Jan 1925, 3; 'Sterilization of the Unfit,' *BCN*, July 1931.

²²⁷ See Florence Guertin Tuttle, 'Suffrage and Birth Control,' *BCR*, March 1921, 5, 3, 5-6, 17; Margaret Sanger, 'How Shall We Change the Law,' *BCR*, July 1919; Margaret Sanger, 'A Birth Strike to Avert World Famine,' *BCR*, January 1920.

²²⁸ Articles addressing the eugenics movement and its principles included: Margaret Sanger, 'The Function of Sterilization,' *BCR*, October 1926, 299; Mary Winsor, 'The Cost to the State of the Socially Unfit,' *BCR*, September 1923, 222-24; 'Sterilization: The California Experiment,' *BCR*, March 1928, 12, 3, 82, 97; 'Sterilization: Letters from Mothers who Want to Know,' *BCR*, March 1928, 12, 3, 86-87; Robert C Dexter, 'Sterilization as a Social Measure,' *BCR*, March 1928, 12, 3; articles examining birth control as a social work tool included: 'An Experiment in Constructive Family Help', *BCR*, March 1927, 11, 3, 71-73; Carol K Nash, 'Enlisting the Aid of Social Workers', *BCR*, November 1933, pages 2-3; Constance Fisher, 'The Negro Social Worker Evaluates Birth Control', *BCR*, 16, 6, June 1932, 174-75; Elinor R Hixenbaugh, 'Social Agencies and Birth Control', *BCR*, June 1939, 23, 9, 218-219; Gladys Gaylord, 'Social Workers and Birth Control', *BCR*, June 1934, 1, 9, (new series), 7-8; 'Growing Support by Social Workers,' *BCR*, October 1935, 116-118; discourse on birth control as a social welfare measure included: Caroline H Robinson, 'Birth Control for "Charity" Cases,' *BCR*, June 1933, 149-150; Clarence C Little, 'Birth Control and Public Relief', *BCR*, Sept 1935, 4-5; 'Child Welfare and Birth Control,' *BCR*, March 1931, 15, 3, 70-72; James HS Bossard, 'The New Public Relief and Birth Control,' *BCR*, May 1934, 1, 8, 1; Geraldine B Graham, 'Birth Control as a Welfare Measure,' *BCR*, 22, 9, June 1938, 100-101.

²²⁹ Endres & Lueck, *Women's Periodicals in the United States*, 34.

organized medicine.²³⁰ In surveying the output of these two journals during the scope of this thesis, it is evident that whilst the *BCR* indubitably served as the mouthpiece for the larger American birth control campaign, the *BCN* more closely illustrated the individual standpoint of Marie Stopes and the CBC. The ABCL journal featured articles from an array of reformers, social welfare professionals, eugenicists and medical professionals, whereas the compositions in the CBC paper were chiefly written by Stopes or other activists within the Society. Both journals served to promulgate and propagandize the ideas of the two associations to a wider audience, but the *BCR*, in both establishing a unique forum for debate and polemic, and attracting submissions from esteemed reformers, stands as the predominant international organ of the interwar birth control campaign, influencing thought and opinion in the United States, and beyond.

Professionalizing the movement

The trend toward institutional bigness was evidenced everywhere in society – in government, in business, in labour, in welfare. Everywhere the organization was taking over.²³¹

Such is the interpretation of the welfare historian Clarke Chambers on the new epoch of professionalism which was increasingly implemented throughout social structures and systems during the interwar decades. The principles of bureaucracy and augmented efficiency were also being applied to the reform movement; associations working for social change were increasingly adopting the ideology of professionalism in measures to enhance and augment their activities. Voluntary and charitable organizations were modeling their methodologies upon those of the private sector. Chambers and Walkowitz have both

²³⁰ See Eric M Matsner, MD, Medical Director, ABCL, 'Your Clinic and the American Medical Association,' *The National Clinic Courier*, Volume VI, July 1937; 'Referral System for Rural Areas', *The National Clinic Courier*, 6, July 1937, 4.

²³¹ Clarke Chambers, *Seedtime of Reform: American Social Service and Social Action, 1918-1933* (Westport CT, 1980), 16.

explored the professionalization of social work in the United States during the 1920s, whilst in the British context, the Eugenics Society, which had long been the preserve of lay parties with a fascination for hereditarianism, increasingly began to attract a new membership of scientists and academics, engendering an augmented sense of societal authoritativeness.²³² This zeal for reforming working practices also influenced the activities of organized birth control in both Britain and the United States. In both movements, there was an increasing sense of the need to rationalize and unify the fragmented system of the myriad individual groups involved in campaigning and providing clinical services without any overarching sense of cohesion or collective purpose to their work. In each case, the ABCL and the CBC had to decide whether to implement these processes of rationalization in their organizational structures and programmes, or whether to remain *in situ* as autonomous associations working in an increasingly crowded field. I contend that the response of the two associations to this need to professionalize their services ultimately served to shape their lasting legacy within the wider birth control movement.

The ABCL had progressively begun to implement professional practices to its campaign programme throughout the 1930s. Employing a number of paid professionals in senior positions upon its Executive Committee, the association increasingly administered new policies to monitor staff activities, including such measures as time sheets, defined working

²³² Ibid; Daniel J Walkowitz, *Working with Class: Social Workers and the Politics of Middle-Class Identity* (Chapel Hill, 1999); Daniel J Walkowitz, 'The Making of a Feminine Professional Identity: Social workers in the 1920s', *The American Historical Review*, 95, 4, Oct 1990, 1051-1075; Christine Rosen, *Preaching Eugenics: Religious Leaders and the American Eugenics Movement* (Oxford, 2004); Pauline MH Mazumdar, *Eugenics, Human Genetics and Human Failings: The Eugenics Society, its sources and its critics in Britain* (London, 1992).

hours and employee evaluations.²³³ The organization also attracted more men to join its hierarchy; in 1937, thirteen men served on the board of directors, whilst an increasing number of male representatives spoke for affiliated state leagues.²³⁴ Following the 'One Package' ruling in 1936, which ended the need for federal campaigning, the movement in the United States underwent a period of transition as its constituent groups struggled to control the remaining fields of educational work and clinic establishment. The ABCL, concerned by its inability to raise significant funding, approached the John Price Jones Corporation, a public relations organization, in 1937, seeking to investigate how the group could restructure its activities and raise its profile in the national movement.²³⁵ The Corporation reported that whilst 'the League is now functioning in a businesslike, economical manner...We have found no wastage in direct operating expense, or that the institution is doing unnecessary work which duplicates programs elsewhere,' there was still work to accomplish.²³⁶ The Corporation recommended the League undertake 'five fold tasks' to augment and professionalize its activities in the field:

It is the Corporation's opinion – echoed by many leaders in the fields of medical education and social welfare whom we have consulted, that a lay body such as the ABCL is in a strategic position at this time to push forward the nation's birth control program; bringing a better knowledge and interpretation of the subject to the medical profession and to welfare workers generally; encouraging the adoption of birth control programs by governmental agencies concerned with public health and by our voluntary hospital system and privately operated health stations; promoting a clearer public appreciation of the subject and encouraging research and standardization of present techniques and practices.²³⁷

The report led to the establishment of the Joint Committee of the BCCRB and the ABCL, which sought to find common ground between Sangerists and the League, following a decade of strife. The Committee in turn established the Birth Control Council of America, formed to oversee a merger between the two associations. Both sides struggled with ceding

²³³ Jessie M Rodrique, 'The Afro-American Community and the Birth Control Movement, 1918-1942,' 52.

²³⁴ 'ABCL Board of Directors,' 27 January 1937, MS SSC Papers, Reel S61.

²³⁵ John Price Jones Corporation report on the ABCL, MS LC Papers, Reel 27, 41.

²³⁶ Ibid.

²³⁷ Ibid.

ground to the other; the League sought exclusive rights on clinical work, whilst Sanger and her allies claimed that the ABCL 'publishes no books, has no demonstration clinic or practical teaching facilities, does no research and analyses few end-results.'²³⁸ Ultimately, the two associations managed to find common ground, and began to establish a structure for the movement which would apply the principles of professionalism to the politics of birth control. The Joint Committee called for the election of a paid professional male President to serve as the movement figure head, a clear break from the past wherein, with the exception of the current League President, Clarence Cook Little, all leaders of the movement had been female:

Securing a full-time paid President – a man – who by reason of his past achievements and abilities will provide the movement with the type of leadership essential for its progress and for attracting the necessary support of men generally. Giving this President full authority for the planning, direction and operation of the merged organization, subject only to the newly created Board of Directors.²³⁹

In agreeing this fundamental shift from prior policy, the birth control movement in America sought to reposition its role in the movement for social reform, progressing towards respectability and professionalism, and leaving behind the radical associations, firebrand politics and feminist endeavours which had shaped its earlier decades. The new joint association, the Birth Control Federation of America, was inaugurated in January 1939, concluding nearly two decades of agitation by the ABCL. Dr Richard N Pierson, a former high ranking physician in the ABCL, was appointed President, whilst Sanger undertook the position of Honorary Chairman of the Board, 'so that the value of her past and present leadership of the movement shall be continued and so that she will be available to assist in

²³⁸ Dr Robert Latou Dickinson to the Directors of the ABCL: Concerning Teamwork for Birth Control March 23 1937, MS SSC Papers, Box 37, folder 2.

²³⁹ Summary of Recommendations to Joint Committee of the American Birth Control League and the Birth Control Clinical Research Bureau, October 10, 1938, MS LC Papers.

every way possible in the advancement of the movement.'²⁴⁰ The Federation set out to end the fragmentation affecting birth control services during the interwar decades and forge close links to public and charitable bodies, eugenicists and field of public health:

The Federation will begin a vigorous nationwide effort to promote maternal and infant health and welfare through birth control and to widen the scope of the movement by seeking the inclusion of contraceptive service in health and welfare programs of both public and voluntary agencies. It will endeavor to relate the movement more broadly to the whole field of public health and family welfare, and to the allied fields of population, education and eugenics.²⁴¹

The establishment of the Federation uniting the two major associations in American birth control politics served to introduce a cohesive program for education and activism. The inauguration of the new group also transformed the face of organized birth control from a female-led hierarchy to a professionalized male-controlled bureaucratic system. Aside from Sanger, only one other woman served on the Federation's Board of Directors.²⁴² In making birth control respectable, the power, authority and autonomy of female activists in the organized movement had been severely curtailed.

In the case of the CBC, the organization found its position as the predominant birth control group in Britain threatened with the establishment of a national umbrella association, seeking to bring the work of the disparate campaigning societies under the aegis of one authority. Founded in 1930 to 'advocate and to promote the provision of facilities for scientific contraception so that married people may space or limit their families and thus mitigate the evils of poverty or ill-health,' the leaders of the new association questioned whether to include the CBC and its difficult patron in their plans for a national program; the

²⁴⁰ ABCL Press Release, 19th Jan 1939, MS SSC Papers, Sub-Series 2, Reel S61

²⁴¹ Ibid. See also Richard N Pierson, MD, 'Charting the Course Ahead', *BCR*, Feb-March 1939, 169-170; Margaret Sanger, 'Doors to a New World', *BCR*, Feb-March 1939, volume 23, numbers 5-6, 165-168; 'Creating the World of Tomorrow', *BCR*, May 1939, 23, 8, 204-5; 'Forward Under One Banner', *BCR*, Feb-March 1939, volume 23, issue numbers 5-6, 162-163.

²⁴² ABCL Press release, 19 January 1939, MS SSC Papers, Reel S61.

physician, author and activist Dr Helena Wright insisted that the CBC should participate in the work, and offered to 'manage' Stopes.²⁴³ The formal involvement between the CBC and the new national campaign body lasted but three years. A series of disputes between the two groupings resulted in the CBC withdrawal from the NBCA in November 1933.²⁴⁴ The NBCA became the pre-eminent voice of the birth control movement during the 1930s, acting as a unifying body for the national movement, and encouraging the adoption of birth control services by public health authorities, hospitals and other voluntary health organizations.²⁴⁵ The CBC became increasingly isolated in the movement by their refusal to engage with the national body. Stopes sought to assert the pioneer credentials and long history of her own association in the face of this growing obscurity:

Why should we, the pioneers of scientific contraception, go to them, cap in hand ... to get approval which would be an impertinence to us? ... Perhaps you ... have forgotten, or are unaware that I personally am the pioneer of the birth control clinic movement; that I gathered round me the first Medical Research Committee in the world in 1923; that it was I personally, as President of this Society, in conjunction with ... the Royal Institute of Public Health in 1930 who arranged for the first technical medical lectures on contraception, and that it was to me personally as President of the Society for Constructive Birth Control that a Secretary of State was sent from the Cabinet in 1930 about the first Memorandum of the Ministry of Health; and that the self-styled 'National' Association was only founded after this in 1930, after we had borne the brunt of all the pioneer work and at the moment when it was ripe for development they interfered with and undercut our work. The 'National' Association has been too frequently associated with commercial ventures, and they have ... issued advice we considered misleading and harmful to women ... so that we do not approve of them.²⁴⁶

In spite of establishing six new clinic facilities during the 1930s, in the political sphere of birth control in Britain, the activities of the CBC became increasingly less relevant in contrast to the cohesive programme being undertaken by the National Association. In remaining outside the sphere of influence, and refusing to accept the politics of professionalism by merging with a larger body, the CBC remained as a small association, chiefly espousing the personal politics of its founder. Its inability to cede any control or

²⁴³ Rose, *Marie Stopes and the Sexual Revolution*, 205.

²⁴⁴ Marie Stopes to Miss H Holland, 17th Nov 1933, BL MS Papers, Add. MSS 58643.

²⁴⁵ National Birth Control Council Constitution, 1930, BL MS Papers, Add. MSS 58643.

²⁴⁶ Letter Marie Stopes to Assistant Secretary, BMA, 2nd February 1938, BL MS Papers, Add. MSS 58643.

accept the authoritativeness of other associations left the group adhering to the principles of the pioneering past of birth control, rather than embracing the changes and transitions in birth control politics ushered in by a new era of professionalism.

Conclusion

The two associations shared common patterns in their establishment and leadership, whilst divergent social forces governed the implementation of their organizational programme for birth control. In the context of the United States, the ABCL struggled in the face of repressive legislation to implement its vision for an extensive scheme of medicalized contraception. The campaign to redefine the legal parameters controlling contraceptive dissemination forced the League to seek close alliances with the powerful authorities of medicine and eugenics. The schism with Sanger resulted in changes in policy and procedure after the years of 'one woman' organizational structure implemented under her rule. Increasingly active in education and clinic establishment, the League left the field of federal activity to Sanger, and sought new associations with professionals and reformers in the province of welfare during the Depression era. The League began to implement the practices of professionalism to its activities in order to maintain a significant presence as a reform association in a new age of bureaucracy. The merger between the Sanger allies and the League provided a new cohesion in the national movement, and also served to dislocate the field of birth control away from its prior associations with radicalism towards a new found sense of respectability. In comparison, the CBC did not face similar legal prohibitions in their campaign for extended access to contraception. Whilst the ABCL, operating in a much larger geographical sphere, adopted a federalized system of organization, the CBC maintained stringent control over its operations. This policy ensured

the predominance of its leadership remained unquestioned, but indubitably hindered the development and potential growth of the association. Stopes' organization, adhering to a constructive vision of contraception, had ushered in a new model of birth control politics, which fundamentally revitalized and reshaped the sphere of contraceptive activism during the 1920s. A decade later, however, this pioneering example had been superseded by a more cohesive national programme adopted by other associations under the aegis of the new national body. Whilst in the American context, the League was able to merge together with its rival association for the benefit of the wider movement; the CBC could not adopt the principles of professionalism and accept the authority of other parties in shaping its activism. In forming the Birth Control Federation, which became Planned Parenthood Federation of America in 1942, the ABCL accepted the prevailing politics shaping the movement, and remained as the predominant national association. The CBC faced increasingly obscurity and irrelevance as other, increasingly modern visions of birth control practice, shaped the structure and nature of the British movement indelibly.

Chapter 5: Building a network of clinics

At clinics managed on the lines I initiated there is nothing to hurt or frighten anyone. Everything has been planned and thought out with the idea of making the clinic a happy, helpful place, all bright and cheering and full of the spirit of love for lovely babies where gentle and patient midwives and doctors, themselves married women, understand the problems and are ready quietly to spend all the time necessary to help and instruct inquirers.¹

The clinic was a neighborly place where mothers could congregate. We tried to keep it home-like, so that they would not feel an atmosphere of sickness or disease. The patients were accorded just as much consideration as a business house gave its clients, and not, as in many doctors' anterooms, made to wait indefinitely; they were usually nervous enough anyhow without having to endure added suspense. Moreover, they had husbands and children to feed and care for, and every hour was precious to them. As they increased, staff increased; two physicians were always on hand.²

Such were the visions of Marie Stopes and Margaret Sanger of the model birth control clinic: it was to be a safe, secure, welcoming space; a place unsullied by any association with vice, quackery or obscenity, staffed by medical personnel who were both highly skilled in the instruction of contraceptives and sympathetic to the needs of their patients. Drawing upon the work of a plethora of voluntary and state welfare agencies, settlement houses, and extra-mural clinic services offering therapeutic provision, they aimed to construct a locale that fused together domesticity and medical science. The model clinic was to be a welcoming, inviting environment for women, unused to taking charge of their contraceptive needs and often fearful of medical intervention. It was also a curative space, upholding rigorous standards of clinical excellence and trialling methods in clinical practice that had hitherto been ignored by the medical profession at large, as well as prescribing sound methods of contraception. Such conceptualizations formed the crux of both organizations' plans for the birth control clinic: placing control for contraception in the hands of those trusted to care for the public health, and removing the taint of immorality lingering over the practice. Most contraceptive users in the early twentieth century relied

¹ Marie Stopes, *Birth Control Today* (London, 1934), 179.

² Margaret Sanger, *An Autobiography* (New York, 1938), 398.

upon the use of abortifacient, the condom or coitus interruptus to regulate their fertility.³ Contraception lay outside the boundaries of medical help for the working classes: they gained their contraceptive supplies from the chemist, the 'rubber goods' shop, the barber or the peddler, rather than the doctor, local dispensary or hospital. The fees required for a visit to the doctor were prohibitive for the majority of working-class women, and the (usually male) physician would not necessarily welcome any request for contraceptive instruction, or indeed, be able to satisfactorily provide advice. The majority of general practitioners had little clinical experience of birth control devices; their views often tainted by hearsay, speculation and half-truths rather than careful study and the expertise of numerous case histories. Birth control advocates had thus not only to persuade the working-class woman (and man) of the validity of their vision of birth control, but often the medic as well.

In their pursuit of a female-centred, legally unimpeded and medically sanctioned contraception, Stopes, Sanger and their fellow birth control advocates in the two organizations made the provision of clinician-prescribed contraceptives a fundamental tenet of their respective campaigns. In medicalizing the dissemination of contraceptives, the campaigners sought to prove that birth control could be a legitimate part of therapeutic practice, and in so doing, provide the means of making contraception acceptable to client expectations, respectable to moral sensibilities and endorsed by medico-legal authorities.

³ Linda Gordon, *The Moral Property of Women: A History of Birth Control in America* (London, 2003), 31-32; Janet Farrell Brodie, *Contraception and Abortion in Nineteenth Century America* (Ithaca, 1994), 224-6; Leslie J Reagan, *When Abortion was a Crime: Women, Medicine, and the Law in the United States, 1867-1973* (Berkeley, 1997), 23; Kate Fisher and Simon Szreter, "'They Prefer Withdrawal': The Choice of Birth Control in Britain, 1918-1950," *Journal of Interdisciplinary History*, 34, 2, Autumn 2003, 264-6, 272-8; Hera Cook, *The Long Sexual Revolution: English women, sex, and contraception 1800-1975* (Oxford, 2004), 50; Tania McIntosh, 'Maternal Mortality, Abortion and Birth Control in Sheffield, 1920-1940', *Medical History*, 2000, 44, 88-91; Angus McLaren, 'Abortion in England, 1890-1914', *Victorian Studies*, Summer 1977, 379-400; Barbara Brookes, *Abortion in England, 1900-1967* (London, 1988), 2-9.

This chapter examines the clinical networks founded by the Society for Constructive Birth Control and the American Birth Control League in Britain and the United States, originating with the first authenticated birth control centres founded by Stopes in 1921 and Sanger in 1923. The clinic at Marlborough Road, Holloway (later Whitfield Street), London, and the Clinical Research Department (after 1928 the Birth Control Clinical Research Bureau) in New York City, were the pioneer centres for birth control in their respective nations, and served as the prototypal institution for clinical facilities opened in their wake, including both those affiliated with the two organizations, and others established by extraneous parties.⁴ In spite of the disassociation of the Clinical Research Department and the League with Sanger's departure from the ABCL, this study will continue to address the activities of the BCCRB following the fissure in 1928. Given their shared history, together with the reunification of the two groups under the guise of the Birth Control Federation of America in 1939, contemporary observers continued to view the two organizations as one entity, and this study will follow suit.⁵

Whilst the two pioneer centres and their affiliated clinical networks faced divergent challenges in their campaigns to extend the provision of their recommended contraceptive methods, and adopted differing policies and practices in their sanative undertakings, they shared the fundamental intention of making physician or nurse-prescribed 'appliance'

⁴ See Caroline Hadley Robinson, *Seventy Birth Control Clinics: A Survey and Analysis including the general effects of control on size and quality of population* (Baltimore, 1930); Society for the Provision of Birth Control Clinics, *Birth Control and Public Health* (London, 1932); Norman E Himes, 'British Birth Control Clinics: Some Results and Eugenic Aspects of their work', *Eugenics Review*, xx, 3, 1929.

⁵ Robinson, *Seventy Birth Control Clinics*, 23. Robinson contends: 'Though at present the League and the Bureau are entirely separate organizations, they have been so identified so closely in the past, even to the extent of being housed together, that they cannot be considered entirely apart.'

techniques the preferred method of the contraceptive user and the medical practitioner alike. Reformers sought to extend to the working-class woman, irrespective of her ability to fund the costs of treatment, methods affording the possibility of liberation from the continual threat of undesired pregnancy, and empowering the attainability of a spaced family. Thus, whilst the two organizations delineated varying interpretations of the application of contraceptive technology in clinical practice, they shared the common belief that, through the dissemination of medicalized methods of birth control, and the establishment of clinical centres serving as models of excellence, the benefits of the practice would be apparent, and both contraceptive consumer and medical professional would see the light.

Much of the existing literature on the interwar Anglo-American birth control movements has considered the work of the clinics established by the campaigning groups. In recent years, an array of studies has explored the work of individual clinics and access to birth control provision in both in specific communities and at a national level.⁶ There have been calls for further exploration of the work of the birth control centres, particularly at a

⁶ For studies of birth control clinics in Britain, see Deborah A Cohen, 'Private Lives in Public Spaces: Marie Stopes, the Mothers' Clinics and the Practice of Contraception,' *History Workshop Journal*, 35, 1993, 95-112; Greta Jones, 'Marie Stopes in Ireland – The Mother's Clinic in Belfast, 1936-47,' *Social History of Medicine*, 5, 2, August 1992, 255-278; Audrey Court and Cynthia Walton, *1926-1991: Birmingham Made a Difference: The Birmingham Women's Welfare Centre & The Family Planning Association in Birmingham* (Birmingham, 2001); Margaret Douglas, 'Women, God and Birth Control: The First Hospital Birth Control Clinic, Abertillery 1925,' *Llafur*, 6, 4, 1995, 110-122; for studies of American birth control clinics, see Marianne Leung, 'Better Babies: Birth Control in Arkansas during the 1930s', in Virginia Bernhard et al (eds.), *Hidden Histories of Women in the New South* (Columbia, 1994), 52-68; Marianne Leung, 'Better Babies': The Arkansas Birth Control Movement during the 1930s,' PhD thesis, University of Memphis, 1996; Jimmy Elaine Wilkinson Meyer, *Any Friend of the Movement: Networking for Birth Control 1920-1940* (Columbus, 2004), on Cleveland Maternal Health Association; Christine E Nicoll & Robert G Weisbord, 'The Early Years of the Rhode Island Birth Control League,' *Rhode Island History*, November 1986, 45, 111-125; Rose Holz, 'Nurse Gordon on Trial: Those Early Days of the BC Clinic Movement Reconsidered', *Journal of Social History*, 39, 1, 2005; Rosemarie Holz, 'The Birth Control Clinic in America: Life Within; Life Without, 1923-1972,' PhD thesis, University of Illinois at Urbana-Champaign, 2002.

grassroots level. Deborah Cohen, writing about the work of Stopes and her Mothers' Clinics, argues that more attention needs to be focused upon the work carried out by the clinics to create a more rounded vision of the contraceptive movement's goals:

By neglecting the clinics, historians have presented a remarkably lopsided account of the birth control movement. They have interpreted birth control as a repressive intervention, a mechanism of social control designed to curb the working-class birth-rate. In dwelling on the eugenic attitudes manifest in the birth-control movement's campaigns among the working classes, they have wrongly identified a critical *characteristic* of birth control propaganda as the most important *outcome* of its practice.⁷

Other historians have contended that the very intrinsic nature of birth control campaigning was shaped by advocates' insistence upon the centrality of clinical methods of contraception to their cause. Andrea Tone postulates that, in the case of the United States, Margaret Sanger's shift from radical to respectable changed how birth control was to be perceived in America forever:

Beginning in the 1920s, Sanger, Gamble, and a network of dedicated researchers, physicians, and activists made a once-radical movement middle-class and respectable. They established doctor-supervised clinics, promoted laboratory testing of contraceptives, encouraged the physician-fitted diaphragm-and-jelly method, and lobbied the American medical Association to reverse its long-standing ban on birth control. In public, Sanger refused to endorse specific brands or devices, fearing that the inevitable charges of impropriety would discredit the movement as a whole. Behind the scenes, however, her support of medicalized birth control shaped the course of contraceptive commercialization. By the 1930s, thanks largely to Sanger, the diaphragm and jelly had become the most frequently prescribed form of birth control in America, and Holland-Rantos its best-known manufacturer. Consciously distancing the birth control business from manufacturers who made contraceptives for the laity, Sanger helped inaugurate a regime of doctors, diaphragms, and corporate science.⁸

The model of birth control promoted in the clinics of the CBC and ABCL was heralded as a safe, hygienic, female-centric, non-threatening technique, easily learnt and enabling women to take control of their own fertility. Depicted in the organizations' rhetoric as being far safer than male methods of birth control, which left women dependent upon the acquiescence of their husbands, and infinitely preferable to abortifacients, which threatened women's health and even lives, 'modern' appliance methods such as the diaphragm and

⁷ Cohen, 'Private Lives in Public Spaces,' 97.

⁸ Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York, 2001), 117.

cervical cap were portrayed as a panacea for contracepting couples. However, Kate Fisher, in her oral history study of birth control use in Oxford and South Wales, suggests that whilst clinics saw these new methods and techniques as an advance on tried and tested traditional methods, their clients did not always view the change so positively:

The analysis of the impact of birth control clinics is very illuminating, above all because it reveals the tendency to prefer tried and trusted methods over 'new', 'safer' appliance ones and suggests a challenge to 'whiggish' progressive analyses of the history of contraceptive use. Although a number of women appreciated birth control clinics, the majority of the interviewees who attended clinics were rather negative about the benefits of them. Many disliked attending clinics, and many found the methods provided unpalatable. The attitudes and approaches of birth control campaigners towards birth control were in many respects very different to those of the women they were attempting to assist. Attending a clinic required a significant shift, on the part of the woman patient, away from familiar methods of birth control, generally accepted and/or trusted, in favour of a novel appliance method. This was not an easy transition for many women. The way in which oral respondents talk about birth control reveals these different attitudes towards contraceptive methods, and provides some information on the impact this difference might have had on clinic encounters.⁹

Historians have also addressed the question of gender roles in sexual relationships and how this impacted upon birth control utilization by working-class couples. Both Angus McLaren and Kate Fisher suggest that, in their fixation on female birth control devices, British and American campaigners ignored many of the constraints of working-class life, and the gendered nature of control over contraception prevalent in innumerable marital relationships.¹⁰ The majority of clinic patients seeking assistance from the centres had habitually employed diverse contraceptive methods prior to their clinic attendance. Richard Soloway suggests that the birth control movement had to recognize that those seeking advice had previously acquired intelligence or practice of non-clinical methods; they were soliciting easier access to more invulnerable techniques, and the reformers needed to attune their amenities accordingly.¹¹

⁹ Kate Fisher, 'An Oral History of Birth Control Practice c1925-50: a study of Oxford and South Wales,' DPhil, University of Oxford, 1998, 167.

¹⁰ Kate Fisher, *Birth Control, Sex and Marriage in Britain 1918-1960* (Oxford, 2006), 210.

¹¹ Richard A Soloway, *Birth Control and the Population Question in England, 1877-1930* (Chapel Hill, 1982), 278. Soloway claims that 'the voluntary clinics realized that nearly all of the women who came to

Each birth control clinic established during the interwar years served an individual community, and a number of studies of the birth control movement have examined more localized, community specific organizations. Marianne Leung, in her exploration of the Arkansas birth control movement, posits that the work of the local committee in Little Rock and its clinic were tailored to meet the beliefs and value system of this specific community:

What is important to the history of the larger movement, though, is to recognize that while there were some general similarities as to what the American culture prescribed, each community group had to present the issue of birth control within an ideological context suitable to their respective situation. The Little Rock group presented their cause within the cultural context of a mid-southern city and shrouded their message in terms of eugenics, acceptable religious and sexual standards, and the contemporary need for economic relief.¹²

The network of birth control clinics, however, did not dramatically alter the contraceptive habits and patterns of the majority of married couples in interwar Britain and the United States. As Andrea Tone argues, it was not until the later invention of the contraceptive pill that the majority of those using fertility limitation methods gained these from a clinical provider:

A patchwork quilt of birth control clinics was no way of bringing contraceptives to the poor, at least not in a country where profits for manufacturers and medical professionals were more important than health care for the poor and where extramural clinics had to be funded by donations and defended against the argument that it would be cheaper for society to sterilize the indigent. In any society without universal health care, working-class people are systematically denied access to doctors and the services they monopolize. Of all people in the birth control movement, Sanger probably understood this best. To her credit, she never gave up her goal of quality birth control for all. She simply failed to achieve it. Throughout Sanger's life, most Americans got contraceptives where they always had, on the open market.¹³

them had already decided to limit their families and knew something about birth control, but were looking for more satisfactory methods. The birth control movement was no longer faced with persuading people of the multiple advantages of rational family planning, but with facilitating access to the best methods.'

¹² Leung, 'Better Babies,' 216.

¹³ Tone, *Devices and Desires*, 148-9. The commercial douche remained the leading contraceptive in the United States until the introduction of the contraceptive pill in 1960. See Tone, *Devices and Desires*, 170.

Non-clinical methods of contraception

The majority of men and women practicing birth control in the early twentieth century employed contraceptive devices bought from the drug store, the chemist, the gas station, or the surgical goods shop. Regine K Stix and Frank W Notestein's 1940 study of the contraceptive experiences of Clinical Research Bureau clients reveals that the vast majority of clinic patients had already established patterns of contraceptive behaviour prior to their clinic attendance:

Casual speculation might lead to the conclusion that people seek the advice of birth control clinics because they are ignorant of contraceptive methods. The converse is true. Birth control methods were not new to the patients of the Clinical Research bureau. Ninety-six percent of them had practiced some form of contraception before they attended the clinic. This proportion is in general agreement with the findings of other clinic studies which report that between 85 and 95 percent of the patients who seek advice on birth control have made some previous attempt to use contraceptive methods.¹⁴

In order to persuade contraceptive consumers to switch their method of choice from a 'traditional' technique or a shop-bought remedy to a clinically-prescribed device, birth controllers had to present medicalized contraception as infinitely superior, in every capacity, to the alternatives flooding the contemporary contraceptive market. Given that for many couples, their chosen method was a firmly entrenched part of their contraceptive routine, birth control advocates faced a struggle to convince experienced contraceptors to adopt techniques unknown and unproven to them, which could, in turn, threaten the delicate power balance of the marital relationship. It is a common assumption in the historiography of birth control that both partners shared identical goals and motivations in their employment of birth control.¹⁵ Birth control advocates often built their arguments for

¹⁴ Regine K Stix & Frank W Notestein, *Controlled Fertility* (Baltimore, 1940), 23.

¹⁵ Wally Secombe, 'Men's "Marital Rights" and Women's "Wifely Duties": Changing Conjugal Relations in the Fertility Decline', In John R Gillis, Louise A Tilly & David Levine (eds.) *The European Experience of Declining Fertility: The Quiet Revolution* (Oxford, 1992), 66. Secombe argues that 'The fundamental

female-centric strategies around the notion that male control of contraception left women outside this important planning process. Fisher challenges this interpretation, arguing that, in fact, rather than feeling powerless, women were more than willing to allow men to take responsibility for contraceptive duties.¹⁶ In some cases, husbands and wives adopted a unified reproductive strategy, sharing a reciprocal understanding of how contraceptives were to be implemented, whereas in other marriages, the fragility of the power balance between spouses left contraceptive intentions unspoken, dependent upon the co-operation of the husband or the uncertainties of chance. Switching from a non-clinical or non-appliance method to a medical form of contraception required a new way of thinking, and posed challenging and sometimes problematic questions for couples used to practising other modes of birth control. By shaping their clinical services around one particular form of contraception, and condemning the use (and users) of other *modus operandi*, the birth controllers endeavoured to make the choice of clinical contraception ineluctable. To do so, however, they needed to challenge the paramountcy of prevailing contraceptive customs in popular culture and in the public psyche.

The ambit of fertility control tactics attainable to the contraceptive consumer in the early twentieth century extended from the common household disinfectant to the chemist or drugstore-purchased spermicidal jelly, from solutions of lemon juice to foaming

problem with standard theories is that they are conceived at the level of the reproductive couple taken as a unified subject. They assume, in other words, the perpetual existence of harmonious needs and aligned interests between husbands and wives with regard to childbearing, sex, and contraception. This is unaccountably naïve; an adequate theoretical framework must allow for spousal differences in procreative objectives and the means used to achieve them. We need not adopt the obverse premise: that conflict on these matters is universal or invariably of a zero-sum character. But because the costs and benefits of childbearing and childcare are not evenly distributed between spouses, there are valid grounds for expecting that divergent objectives will frequently arise.'

¹⁶ Fisher, *Birth Control, Sex and Marriage*, 191.

suppositories, from tampons infused in vinegar to medicated sponges dosed in oil tinctures.¹⁷ If these remedies proved futile, the purchase of particular nostrums from the chemist or druggist might yield the desired abortifacient reaction. Each non-appliance method offered discrete inducements which may have appealed inequitably to male and female partners, or met with approval from both husband and wife; couples had to negotiate the various hazards implicit in the use of any preventive practice.

The most prevalent female techniques, namely, the antiseptic douche and the use of abortifacient pills or instruments, shared a common configuration which appealed to sensibilities of many women: wives could employ them after the conjugal act, without the need to anticipate sexual relations. The use of a cleansing douche following intercourse was regarded by many as a hygienic measure, as much as a preventive one. It held widespread appeal: a 1924 study of contraceptive practices in the United States revealed that douching was the second most commonly recommended birth control regime advised by the medical profession.¹⁸ Omnipresent 'feminine hygiene' advertising in women's magazines and newspapers, together with displays in chemist and drug stores, preyed on female fears and emphasized the need for constant vigilance against the threat of 'germs', a coded term for sperm.¹⁹ The 'feminine hygiene' industry, particularly in the United States, where Comstockery restricted the transportation and vending of any materials pertaining to

¹⁷ Amy Sarch, 'Dirty Discourse: Birth control advertising in the 1920s and 1930s,' PhD thesis, University of Pennsylvania, 1994, 70-2; Andrea Tone, 'Contraceptive Consumers: Gender and the Political Economy of Birth Control in the 1930s,' *Journal of Social History*, Spring 1996, 492-3.

¹⁸ Robert Latou Dickinson, MD, 'Contraception: A Medical Review of the Situation: First Report of the Committee on Maternal Health of New York', *American Journal of Obstetrics and Gynecology*, November 1924, 8, 585.

¹⁹ Dorothy Dunbar Bromley, *Birth Control: Its Use and Misuse* (New York, 1934), 94; Amy Sarch, 'Those Dirty Ads! Birth Control Advertising in the 1920s and 1930s', *Critical Studies in Mass Communication*, 14, 1, 1997, 36.

contraception, was forced to cloak its product ranges in euphemisms and evasive language. The contraceptive consumer was cognizant of these codes and circumventions; in 1936, the editors of *Fortune* reported that the feminine hygiene industry accounted for 85% of the total contraceptive business in the United States, and they recorded 636 known brands of feminine hygiene products.²⁰ The colossal growth of the personal hygiene industry in interwar America evinces the response that the suppliers of commercial contraceptives were merely responding to a genuine and burgeoning demand for commercially available supplies. Some female contraceptive consumers were enticed by the facileness of access to such methods, the shrouded references masking sensitive sexual and bodily connotations, and the retrospective application that the employment of popular feminine hygiene allowed. Others gave less credence to advertisers' grandiose claims but were left without alternatives besides turning to the enormous array of commercial remedies and nostrums available from her local chemist, department store or advertised in her daily newspaper.²¹

Women also turned, often in trepidation, to the abortifacient pill or remedy as a contraceptive strategy, particularly if their initial fertility restriction method had not succeeded. Husbands might assist a woman in facilitating an abortion, but in many cases, the required knowledge and assistance was offered to women by their female networks: friends, co-workers or family members.²² Folk remedies such as drinking large quantities

²⁰ The Editors of *Fortune*, *The Accident of Birth* (New York, 1938) 8; 16.

²¹ Palmer & Greenberg, *Facts and Frauds*, 241.

²² For instances of male involvement in helping women procure abortions, see Angus McLaren, 'Illegal Operations: Women, Doctors and Abortion, 1886-1939', *Journal of Social History*, Summer 1993, 797-816; Emma Jones, 'On behalf of my wife': Men and Abortion in England, 1918-1939', Unpublished paper presented at the Rethinking Britain Conference, 1918-1959, IHR, 18-19th March 2004; Leslie J Reagan, *When Abortion was a Crime: Women, Medicine, and the Law in the United States, 1867-1973* (Berkeley, 1997).

of gin, carrying heavy items and taking hot baths were often initially attempted.²³ Abortifacient preparations, as in the case of feminine hygiene remedies, could be purchased anonymously from newspaper advertisements, from chemists and druggists, without drawing attention to the client.²⁴ Abortifacient advertisers played upon women's anxieties over their missed periods, employing wording and imagery assuring anxious and distraught women of the potency of their patent medicaments, exhorting the use of their specific brand of pills.²⁵ If medicines proved unsuccessful in removing 'obstructions', instruments, ranging from hatpins, knitting needles, crochet hooks to pencils, scissors or wax tapers could also be utilized by the most desperate women.²⁶ The use of abortifacient drugs or instruments, in a similar fashion to 'hygiene' products, enabled women's reproductive control measures to be kept private and shrouded, even, if necessary, from spouses. The final resort, if a pregnancy still persisted, was to consult the criminal abortionist, where a woman risked being left to the mercy (and skills) of the unscrupulous charlatan or the careless quack.²⁷

Birth control advocates invariably juxtaposed the imagery of abortion – an unsanitary, cloaked, ignominious and, in their eyes, morally reprehensible practice, with their delineation of clinical contraception – hygienic, legitimate, estimable, and health-giving. Stopes in particular contrasted the curative benefits of contraception with the detrimental ramifications of abortifacients in her vituperations against this 'infamous trade':

²³ Anderson, 'Community Pharmacy and Sexual Health', 27.

²⁴ Palmer & Greenberg, *Facts and Frauds*, 165. Palmer & Greenberg suggest that without the confirmation of a medical consultation, many women may have not been pregnant in the first place - and the remedies to which they attributed the resumption of their menses had, in fact, been utterly ineffectual.

²⁵ Bromley, *Birth Control*, 102.

²⁶ Report of the Inter-Departmental Committee on Abortion (London, 1939), 41.

²⁷ Bromley, *Birth Control*, 144.

Do not imagine that abortion is a subject for birth control. Do not be led astray by those rabid so-called sex-reformers, who are claiming the right to abortion for every woman. They will lead you astray; they are wrong. The injuries are incalculable, both to the mother, and to the child.²⁸

Her diatribes were understandable: Stopes claimed to have received 20,000 requests for abortion within the space of three months.²⁹ Birth controllers firmly believed that only by expediting access to clinical contraception could they hope to quell women's clamour for abortifacients.

Coitus interruptus was the very antithesis of the clinical remedies advocated by birth control advocates. Perceived as a traditional, male-dominated, unscientific technique; its usage was often appraised as a metaphor for male dominance within the marriage, as the practice was wholly dependent upon the skill of the male user, and left the woman reliant upon his co-operation.³⁰ Nevertheless, many working-class couples did not explicitly perceive withdrawal as a specific explicit birth control technique.³¹ Lella Secor Florence, in her 1930 report on the Cambridge birth control clinic, claimed women attending the clinic failed to associate the practice with contraception, suggesting that 'experience at Cambridge shows that when women are asked about the contraceptive measures they have tried they invariably think only of mechanical or chemical appliances, and never include *coitus interruptus*.'³² In both countries, estimates of withdrawal use were high - from 90% of contracepting couples practising limitation in Britain before 1920, to 64% of those with prior birth control experience in Dr Hannah Stone's study of the Newark birth control clinic

²⁸ Marie Stopes, 'Roman Catholic Methods of Birth Control versus Clinic and Scientific Methods', BL MS Papers, Add. MSS 58635

²⁹ Marie Stopes, 'Address on Ideals and Practice of Constructive Birth Control, April 29 1930, BL MS Papers, Add. MSS 58635.

³⁰ Gigi Santow, 'Coitus Interruptus in the Twentieth Century', *Population and Development Review*, 19, 4, December 1993, 770.

³¹ Diana Gittins, *Fair Sex: Family Size and Structure, 1900-39* (London, 1982), 162.

³² Lella Secor Florence, *Birth Control on Trial* (London, 1930), 20.

in 1934.³³ The technique had a failure rate bordering on 20%.³⁴ This was not necessarily an objectionable statistic for many couples who were yet to decide upon their family size, for it did not rule out the possibility of another child if 'nature' so intended.³⁵ Birth control advocates naturally castigated the usage of coitus interruptus, imputing to its employment physical and psychiatric ill-effects to both men and women's health.³⁶ Thus Stopes claimed for example that 'the great majority of women whose husbands practice this method suffer very fundamentally as a result of the reiterated stirring-up of local nervous excitement which is deprived of its natural physiological resolution.'³⁷ Yet, for many contracepting couples, the merits of coitus interruptus - its spontaneity, familiarity and the lack of expenditure required - outweighed its acknowledged limitations.

The sheath met more closely with birth control advocates' notions of what an acceptable contraceptive practice should entail. Indeed, Robert Latou Dickinson's 1924 survey of birth control provision in the United States revealed it to be the most popular method recommended by the medical profession.³⁸ American contraceptive usage was split down class lines; use of the condom was more popular amongst the middle classes and non-manual workers, whilst working-class husbands and wives were more likely to employ coitus interruptus.³⁹ Many couples utilized the sheath as it allowed the man to take charge, and enabled the woman to take a non-participative role. Condoms were sold in male

³³ Lovett Dewees, MD, 'The Diaphragm or Occlusive Pessary in Contraceptive Technique', in Margaret Sanger (ed.), *Biological and Medical Aspects of Contraception: Papers and discussions presented at the American Conference on Birth Control and National Recovery* (Washington, 1934), 76.

³⁴ Tone, *Devices and Desires*, 72.

³⁵ Fisher, *Birth Control, Sex and Marriage*, 87.

³⁶ Enid Charles, *The Practice of Birth Control: An Analysis of the Birth Control Experiences of Nine Hundred Women* (London, 1932), 52; Hutton, *The Hygiene of Marriage*, 126-7.

³⁷ Marie Stopes, *Wise Parenthood* (London, 1918), 46.

³⁸ Dickinson, 'Contraception,' 585.

³⁹ Sarch, *Dirty Discourse*, 66.

environments where few women would dare to enter; even in the non-gender specific locale of the chemist or drug store, such items were not stocked on the open shelves and customers had to face the discomfiture of asking for them by name.⁴⁰ Birth control advocates did admit the method possessed certain virtues:

In cases where the sheath does not interfere with the rhythm and completion of the coital act, and where the married partners have no psychological objection to it, it is probably as good a method as any, for when properly tested and used, it gives the maximum feeling of security.⁴¹

The majority of contraceptive users in the 1920s and 1930s employed a number of techniques to restrict their family size, often concomitantly. In a survey of American women born in the early twentieth century, Deborah A Dawson *et al* claim that of those ever applying contraceptive use, 64% employed more than two birth control strategies, with 17% availing themselves of four or more methods.⁴² This use of manifold methods was often an established and familiar element of contraceptive habits. Conversely, the birth control regimen favoured by the CBC and the ABCL centred upon the implementation of one sole contraceptive procedure, in the main part, the use of the diaphragm or cervical cap and spermicidal jelly solution. The transition from multitudinous techniques to the application of a single method required contraceptive users to relinquish their habitual and assuaging system for an unknown procedure, and to place their faith in medical science rather than time-honoured practices.⁴³ The task for the birth control movement was to persuade the public that this conversion was indeed vital.

⁴⁰ Anderson, 'Community Pharmacy and Sexual Health,' 24.

⁴¹ Bromley, *Birth Control*, 113. It was acknowledged to be a more reliable technique than both withdrawal and the practice of douching, if potentially inhibiting sexual performance.

⁴² Deborah A Dawson, Denise J Meny, Jeanne Clare Ridley, 'Fertility Control in the United States Before the Contraceptive Revolution', *Family Planning Perspectives*, 12, 2, March-April 1980, 78.

⁴³ Stix & Notestein, *Controlled Fertility*, 126-7.

The first birth control clinics: the Mothers' Clinic and the Clinical Research Department

The Society for Constructive Birth Control and the American Birth Control League both set out, from their inception, to make clinical contraceptive instruction a fundamental part of their propaganda platform. Indeed, the foundation of the Mothers' Clinic in Holloway, London, in March 1921, predated the establishment of the CBC organization by two months. The Clinical Research Department of the ABCL opened its doors on 2nd January 1923, its licence to distribute contraceptives permitted under the terms of reference of the 1918 ruling by Judge Frederick Crane of the New York Court of Appeals.⁴⁴ Whilst operating in disparate legal, medical and social environments, both agencies shared a common goal to institute a clinical establishment to herald the advent of medicalized birth control methods. Their respective centres in London and New York were both intended to serve as a template for health providers, state, voluntary and private, to emulate, a model of how clinical birth control could be delivered to the needy and indigent. Whilst other organizations and individuals had delivered birth control knowledge to inquirers in both Britain and the United States prior to 1921, the two centres formed the first official agencies explicitly established for this purpose.⁴⁵ The clinics provided the ideal locale to trial and perfect the favoured clinical methods - diaphragms, caps, jellies and soluble pessaries.⁴⁶ Both centres also sought to act in a demonstration capacity to educate medical

⁴⁴ Tone, 'Making room for Rubbers,' 64.

⁴⁵ On the Brownsville clinic briefly run by Sanger in October 1916, see James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society since 1830* (New York, 1978); Gordon, *The Moral Property of Women*; For earlier British dissemination of birth control knowledge, see Rosanna Ledbetter, *A History of the Malthusian League 1877-1927* (Columbus, 1976).

⁴⁶ Marie Stopes to Charlotte Arnold, 4 December 1939, CMAC PP/MCS/C22. The CBC did not permit experimentation with commercial contraceptive preparations in its clinics, Stopes instructed Dr Arnold not to 'use the Clinic out-patients for any experimental work of your own, nor do you 'try out' any of the various, and probably numerous, commercial contraceptives which are sure to be loaded on you - only the tested, reliable methods approved by our Committee are to be used.'

personnel and students who, lacking knowledge from official medical education channels, wished to become proficient in contraceptive instruction and technique. Sharing these collective objectives, yet fundamentally differing in many questions of policy, practice and procedure, comparison of these two flagship clinics illustrates both the common bonds and key divergences between the two agencies, and the wider birth control movements in Britain and the United States.

The Mothers' Clinic was inaugurated by Marie Stopes, and her husband and co-founder Humphrey Verdon Roe, to serve as a blueprint for the clinical dissemination of contraceptive knowledge by the government-sponsored health centres proliferating in the wake of the 1918 Maternity and Child Welfare Act. Before his introduction to Stopes, Humphrey Roe had an active interest in the birth control question; his proposition to endow a Manchester hospital with the funds to establish an intra-mural birth control clinic had been earlier rebuffed.⁴⁷ Following their marriage in 1918, the couple set forth in earnest to transform their vision of birth control provision into clinical practice. However, their ambitions to found the first official contraceptive centre in the country were almost wrecked by Margaret Sanger, who following a visit to Cambridge in 1920, wrote to Stopes of her intention to establish a clinic during her British sojourn.⁴⁸ Stopes warned her friend, increasingly by this time a rival, of her own prior claim to this accolade:

In some ways I am very pleased at your news, and in others naturally disappointed. Mr Roe and I have long been planning to found the first Birth Control Clinic in England as a memorial to our own marriage. We were introduced and first met over this question.⁴⁹

⁴⁷ Richard A Soloway, *Birth Control and the Population Question in England, 1877-1930* (Chapel Hill, 1982), 190.

⁴⁸ Margaret Sanger to Marie Stopes, 25 May 1920, MS Collected Papers, 3, 1, 00469

⁴⁹ Marie Stopes to Margaret Sanger, 26 May 1920, MS Collected Papers, 3, 1, 00473

Sanger's proposed clinic did not materialize. In March 1921, however, Stopes and Roe opened their long-planned, pioneering contraceptive centre at 61 Marlborough Road, in Holloway, north London. Situated between a grocer and a confectionary shop, the unassuming exterior of the clinic belied its medical purpose, which Stopes acknowledged to be a deliberate ploy:

... the clinic in reality doesn't figure nearly so largely and imposingly as one might think, *because one of the objects of our demonstration is that it should all be so simple.* We have only a little house in a slum district with nothing of the atmosphere of an ordinary medical clinic about it. Why should we have? This is a health measure for healthy people to keep them healthy. The doctors of disease can deal with diseases; we are there to keep people out of the doctor's hands.⁵⁰

Stopes and Roe had envisaged their clinic as a demonstration centre, offering advice and instruction to working-class women who, unable to receive contraceptive help in their local welfare centre, had very few other opportunities to access clinical birth control knowledge. In many respects, the clinic model as fashioned by Stopes patterned itself upon the existing maternity and child welfare centres, with one key distinction. The synthesis of a home-like space, decorated in a simple, pretty fashion, with the technological apparatus of a scientific dispensary, was Stopes' own unique interpretation of a clinical setting. In merging together the comforts of a domestic environment with a potentially intimidating medical space, Stopes sought to counterpoise the misgivings and unease of clinic patients, often uncertain in the formal settings of the maternity centres:

We don't require in our clinic any of the appliances of an ordinary medical clinic. We have an outer room to receive the women, and we want that to be as unlike ... the ugly maternity centers with their horrid deal tables and generally dreary atmosphere. We want it to be as unlike that as possible. So I have arranged the little place with just whitewashed walls and bright blue paint, and all the pretty blue and white pictures of babies and flowers that I could get for the walls, and pretty chairs. Flowers are always kept there, and we have a charming nurse who is a trained midwife and therefore is able to detect

⁵⁰ Marie Stopes, quoted in Voluntary Parenthood League, *Verbatim Report of the Town Hall Meeting, Under the Auspices of the VPL, At which the Chief Speaker was Dr Marie C Stopes, of London, President of the SCBCRP, October 27 1921*, 13.

whether the woman is healthy or whether she is a case for a medical doctor to deal with, and a nurse also dressed in blue and white to receive and talk to the women.⁵¹

Stopes often inaccurately laid claim to the Mothers' Clinic being the first birth control centre in the world, yet it was the first clinical contraceptive facility in Britain, purposely established with the sole aim of providing scientifically supported advice to indigent wives.⁵² Within nine months of the Holloway clinic's foundation, the Malthusian League established a birth control centre in the deprived area of Walworth, south London, soon to be followed by a number of other voluntary clinics aiming to meet some of the unfulfilled demand for clinical birth control.⁵³ The pioneering Mothers' Clinic provided the template both for these subsequent centres, and the state health providers, as to how medicalized contraception could be delivered to working-class women. The establishment of the Mothers' Clinic fundamentally recast ideas about birth control dissemination in Britain, by demonstrating that extra-mural centres could effectively deliver contraceptive advice in a clinical setting. Stopes and Roe, with their innovatory centre, had laid the groundwork for the inclusion of appliance techniques of birth control in the work of the state health authorities. The clinic had been initiated with this intention, and its pioneering work helped shape acceptance of birth control as a medicalized matter:

THIS, THE FIRST BIRTH CONTROL CLINIC IN THE BRITISH EMPIRE was opened on 17th March, 1921, by HUMPHREY VERDON ROE and his wife MARIE CARMICHAEL STOPES, in order to show by actual EXAMPLE what might be done for MOTHERS and their children with no great

⁵¹ Ibid.

⁵² For Stopes' claim to have established the first birth control clinic in the world, see Marie Stopes, 'Positive and Negative Control of Conception in its Various Technical Aspects', *The Journal of State Medicine*, 1931, 9, 354.

⁵³ Audrey Leathard, *The Fight for Family Planning: The Development of Family Planning Services in Britain 1921-74* (London, 1980) 15; Society for the Provision of Birth Control Clinics, *Birth Control and Public Health* (London, 1932), 2. The East Street Welfare Centre for Pre-Maternity, Maternity & Child Welfare opened its doors on 9 November, 1921, offering maternal and child welfare advice in addition to birth control instruction. In comparison to the Mothers' Clinic, which solely offered birth control knowledge, the East Street centre was intended to act as a model of how a welfare centre could provide both contraceptive information and health instruction to needy mothers. However, low patient numbers for the antenatal and baby clinics resulted in the centre concentrating on birth control instruction from July 1923.

difficulty, and what should be done all over the world when once the idea takes root in the public mind that MOTHERHOOD SHOULD BE VOLUNTARY and guided by the best scientific knowledge available.

THIS CLINIC IS FREE TO ALL, and is supported entirely by the two founders. Those who have benefited by its help are asked to hand on knowledge of its existence to others and help create a public opinion which will force the Ministry of Health to include a similar service in ante-natal and welfare centres already supported by the Government in every district.⁵⁴

In contrast to the unchallenged foundation of the Mothers' Clinic, the American Birth Control League clinical facility endured a more problematic birth. In order to establish a contraceptive centre, Margaret Sanger and her co-workers in the ABCL had to struggle against the legislative restrictions in place against contraception since the aftermath of the American Civil War. Indeed, the strict governances of the Comstock laws enacted in 1873 forbade the sale, lending or giving away of 'any ... instrument or any article whatever for the prevention of conception.'⁵⁵ In October 1916, Margaret Sanger, together with her sister, Ethel Byrne, a nurse, and Fania Mindell, a Yiddish speaker, had set out to test the law, establishing a birth control centre in the immigrant area of Brownsville in Brooklyn. Distributing pamphlets in English, Italian and Yiddish, the trio instructed women in the use of pessaries and condoms, for a fee of ten cents. They had helped 488 women before police closed the clinic after ten days of operation.⁵⁶ The campaigners had broken Section 1142 of the New York State penal code, which rendered it a misdemeanour to disseminate contraceptive information.⁵⁷ It took two years after their arrests for the New York State Court of Appeal ruling by Judge Frederick Crane to concur that the dissemination of contraceptives could be legally permitted in the State under Section 1145 of the penal code,

⁵⁴ Press release, N.D. CMAC PP/MCS/C12

⁵⁵ An Act for the Suppression of Trade in, and Circulation of Obscene Literature and Articles of Immoral Use, March 3, 1873, Congressional Globe and Appendix, 3rd Session, 42nd Congress, part III (Washington, DC, Congressional Globe, 1873), appendix, 297.

⁵⁶ James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society since 1830* (New York, 1978), 106.

⁵⁷ New York State Penal Law Section 1142, ABCL Papers, b MS Am 2063, 530.

in which licensed doctors were ruled to be not subject to the earlier section ruling.⁵⁸ The judgement was one step closer towards the medicalization of contraception, but it took an additional five years for Sanger to be able to formally found her contraceptive clinic.

Although the Crane ruling had confirmed the legitimacy of contraceptive devices being clinically dispensed by a licensed physician, the medical profession remained wary of association with birth control. The medical profession in New York State was reluctant to support the establishment of what it perceived to be unnecessary extra-mural clinics encroaching upon private practice.⁵⁹ Historian Carol McCann explains that “in general, the profession opposed any kind of non hospital-based, or extramural, clinics because they were administered by laypersons and provided free treatment. The profession insisted that public health should be maintained by the wisdom of private practitioners.”⁶⁰ Pressure exerted by the medical hierarchy upon the State Board of Charities hindered the possibility of gaining official sanction for the clinic from the state authorities. Sanger had approached physician Lydia Allen DeVilbiss in 1921, but she refused the role unless the State Board of Charities legitimated the clinic by bestowing a dispensary licence.⁶¹ It was not until autumn 1922 that Sanger located her Clinical Director:

In making enquiries, I heard of Dr Dorothy Bocker, who held a New York City license though she was at present in the Public Health Service of Georgia. This single, cordial, and enthusiastic young woman knew practically nothing about birth control technique, but was willing to learn.⁶²

⁵⁸ Reed, *From Private Vice to Public Virtue*, 107

⁵⁹ James Alexander Miller, NY Academy of Medicine Committee on Public Health Relations, to Margaret Sanger, 4 April 1930, MS Collected Papers, Reel CO5, 37.

⁶⁰ Carol R McCann, *Birth Control Politics in the United States, 1916-1945* (Ithaca, 1994), 65.

⁶¹ David Kennedy, *Birth Control in America: The Career of Margaret Sanger* (New Haven, 1970), 181. Lydia Allen DeVilbiss instead established her practice in Miami, establishing her own birth control centre, the Mothers' Health Clinic, in January 1929. Lydia Allen DeVilbiss, 'Mothers' Health Clinic, Miami, Florida,' MS LC papers, Reel 29, 44, 0498.

⁶² Margaret Sanger, *An Autobiography* (New York, 1938), 358.

The Clinical Research Department opened without fanfare on 2nd January 1923, in the offices of the League at 104 Fifth Avenue. Dr Bocker had to run the clinic as her private practice under the terms of state laws, for the ABCL, as a membership corporation, could not secure the required licence to establish a dispensary clinic; the State Board of Charities refused licence requests in both 1922 and 1924.⁶³ Moreover, as the Crane ruling sanctioned only the dispensation of birth control 'on health grounds', women had to qualify for contraceptive instruction based on medical criteria; if they did not meet these criteria, patients were referred to the offices of a private doctor permitted to dispense clinical birth control.⁶⁴ The legal manoeuvrings necessitated by the requirements of the State Board of Charities even made selecting a name for the clinical facility fraught with difficulty:

I had been steadily advertising the term 'clinic' to America for so long that it had become familiar and, moreover, to poor people it meant that little or no payment was required. But the use of the word itself was legally impossible, and I was not certain that the same might not be true of 'center' or 'bureau.' I wanted it at least to imply the things that clinic meant as I publicized it, and also to include the idea of research ... Finally, one of the doors of the two rooms adjoining the League offices, readily accessible to me and to the women who came for advice, was lettered, Clinical Research.⁶⁵

From the inception of the League in 1921, Sanger and her colleagues had shifted their delineation of contraceptive provision, abandoning the previously radical position Sanger had embraced with *The Woman Rebel*, to embrace a viewpoint which advocated contraceptive dissemination on the grounds that the medical profession was being hindered in its duty of preserving the public's health by the archaic legislation *in situ*. The Clinical Research Department of the ABCL was envisaged as a prototypal centre, instructing private practitioners and public health authorities alike of how clinical contraception could be dispensed within the framework of a medical practice. The first established contraceptive

⁶³ Kennedy, *Birth Control*, 182; Sanger, *An Autobiography*, 359; Carole R McCann, *Birth Control Politics in the United States, 1916-1945* (Ithaca, 1994), 77.

⁶⁴ McCann, *Birth Control Politics*, 76.

⁶⁵ Sanger, *An Autobiography*, 359-60.

research centre in the United States, the League clinic served as an example to others, both in the medical profession and birth control movement, of how a clinical facility could operate within the State and Federal legal boundaries governing contraceptive dissemination.

The Mothers' Clinic and the CRD both stand as key institutions in the histories of the Anglo-American birth control movement; both were the first facilities, unimpeded by law, to offer contraceptive services in clinical practice aimed at the indigent patient. In providing centres administering clinical birth control, these two agencies ultimately changed the nature of contraceptive delivery in Britain and the United States, from non-appliance methods to device-based techniques, from male-controlled to female-centred technologies, from the commercial supplier to the doctor. Contraception became medicalized, scientific and physician or nurse-prescribed in the clinic system, transposing it from its radical roots to become part of the organized medical process. The two pioneer centres in London and New York both helped shape this important transition.

The spread of clinical birth control: the Provincial CBC clinics

The CBC, unfettered by the legal restrictions which hampered the ABCL, maintained a sole clinic in London between 1921 and 1934, although the Society had been instrumental in the founding of the first dedicated intra-mural birth control clinic in 1925, based at the Abertillery and District Hospital in South Wales. The society had also ventured into the development of a peripatetic clinical service by inaugurating a birth control caravan clinic in 1928, designed to travel to impoverished areas to assist those without recourse to

medicalized birth control.⁶⁶ Stopes was always keen to emphasize the pioneering nature of the Mothers' Clinic, and to assert the pre-eminence of the CBC as the leading birth control group against competing claimants in the British movement. She remained scathing of the work of non-affiliated voluntary clinics established in the wake of the Mothers' Clinic, dismissing in particular the rival Society for the Provision of Birth Control Clinics, which had established sixteen birth control centres across the country by 1932.⁶⁷ It was not until April 1934 that a further permanent CBC clinic was established in Leeds; followed shortly afterwards by centres in Aberdeen (founded October 1934), Belfast (October 1936), Cardiff (October 1937), and Swansea (January 1943). Stopes, reluctant to yield any jurisdiction in the organization to third parties, insisted upon maintaining a centralized structure even as the clinical programme was extended across the provinces. Clinical staff remained directly accountable to her, in spite of the existence of local committees. Policy making at each clinic was to be presided over by CBC headquarters, rather than the regional branch board.⁶⁸ This framework of centralized control was intended to ensure that the regional clinics did not mount a challenge to the authority of headquarters, in addition to maintaining a cohesive system of clinical practice across the national programme.

The establishment of the provincial clinic network in the 1930s followed a common pattern. The Society employed its local contacts to agitate towards the formation of a local committee to oversee the daily running of the proposed centre. The clinic must act only as a charitable agency, and not be run for any commercial profit. Affiliated centres could

⁶⁶ 'The First Hospital Clinic,' *Birth Control News*, June 1925, 3; 'The Caravan Clinic,' *BCN*, January 1928, 3.

⁶⁷ Society for the Provision of Birth Control Clinics, *Birth Control and Public Health*, 9.

⁶⁸ CMAC PP/MCS/C18, 'Memorandum of Working Arrangements between the CBC Central Clinic and the Leeds Branch Clinic', .N.D.

purchase contraceptive supplies and materials at reduced cost, in addition to accessing the library of contraceptive literature free of charge.⁶⁹ Stopes delineated her method of clinic establishment to a potential clinic sponsor:

We find that really the most practical way of running local clinics is to have 1 or 2 really enthusiastic people who are appointed by us as local secretaries (unpaid but enthusiastic). Then they and we ourselves between us gather a small number of people whose names carry weight in the district as local patrons. People will perhaps give money and their names but cannot be bothered with any work. Then, when there is a nucleus of money and names we want a Nurse, that is a woman who is rooted in the district and knows the district well, then we train her up at our Clinic at our expense and get in touch with some nice local doctor and have an open every day and all day kind of clinic.⁷⁰

The local committees were to have little self-determination in directing clinic policy and procedure. Rather, the Society dictated that the work of the branches 'shall be run on lines identical with those at Headquarters as circumstances permit.'⁷¹ Headquarters funded the cost of the clinic rent and running expenses, and remunerated the paid medical staff, who remained accountable to the central office rather than the branch committee. Branches were not permitted to undertake any clinical research or statistical work without the express permission of the Society central committee. Headquarters also dictated the structure of the local committee, commanding that medical and lay volunteer sub-committees be established to provide additional support to the President, Vice-Presidents, Chairman, Treasurer and Secretaries.⁷² The problematic foundation of the first provincial clinic in Leeds illuminates the travails of enforcing the strict rulings. The Leeds committee had previously been affiliated to the National Birth Control Association, and had intended to set up an independent birth control centre in the city, before they were persuaded to confederate with the CBC in the spring of 1934. Stopes had hoped to establish her own

⁶⁹ Memorandum, 'Affiliation of Charitable Birth Control Clinics with the CBC', BL MS Papers, Add MSS 58634, 97.

⁷⁰ Marie Stopes to Ella Gordon, N.D. BL MS Papers, Add MSS 58634

⁷¹ Memorandum of Working Arrangements between the CBC Central Clinic and the Leeds Branch Clinic', N.D. CMAC PP/MCS/C18

⁷² 'Ibid.

clinical facility in the city, and it was considered inexpedient not to integrate the efforts of both parties.⁷³ Stopes was adamant from the very formulation of the planned merger that the branch committee must adhere to the rules laid down by head office, duly informing Dr Henrietta Frost, the clinic's Medical Officer, where her fealty must lie:

I am very glad you are definitely anxious to carry on the lines we planned, which are the only ones I will consider, namely the formation of a branch of our London clinic. Nevertheless, for tactical reasons if we can associate with the local committee with us in a purely non-medical, non-technical way, it would be a very good thing. I hoped in any case we should have a local Committee to collect funds, have drawing room meetings, give away slips, and in general get the Clinic known. Put this tactfully to them and suggest we should, of course, have local supporters, but let them understand you are appointed by Headquarters, and serve as Medical Officer of the Leeds Branch of our London organisation; you owe your allegiance direct to the London committee and so will the Nurse and other staff that future expansion may necessitate.⁷⁴

Shortly after the establishment of the Leeds facility, the local committee began to take exception to the ordinances emanating from Society headquarters. Dr Maxwell Telling, a staunch local supporter of the CBC, reported to Stopes that the branch board, dissatisfied with the decision taken by headquarters to copy the opening hours of the central clinic, sought to introduce evening clinics, notwithstanding the stipulation that policy decisions were not be handled at local level.⁷⁵ The regional committee, according to Dr Telling, also firmly opposed the notion that central office received regular private reports from the clinical medical staff:

I understand that the Nurse writes practically a daily report to HQ. I take it that this is a preliminary procedure and when the Clinic is properly opened the Nurse's reports will go through the Local Secretaries? I want very carefully to consider this suggestion, as I think you will see that no Local Committee will likely tolerate a report from the Nurse direct to HQ for work in which they are taking an administrative share and of which they have no cognisance.⁷⁶

The response from the central office to the agitation of the local committee was swift and disparaging. Stopes sought to remind the branch board members they were unversed in

⁷³ Dr Maxwell Telling to Marie Stopes, 14 February 1934, BL MS Papers, Add. MSS 58628, 68.

⁷⁴ Marie Stopes to Dr Henrietta Frost, 23 January 1934, BL MS Papers, Add MSS 58628, 141.

⁷⁵ Dr Maxwell Telling to Marie Stopes, 24 May 1934, BL MS Papers, Add MSS 58628, 98. Dr Maxwell Telling was instrumental in the merger between the NBCA affiliated local committee and the CBC. See Dr Maxwell Telling to Marie Stopes, 16 October 1934, BL MS Papers, Add MSS 58628, 125.

⁷⁶ Dr Maxwell Telling to Marie Stopes, 24 May 1934, BL MS Papers, Add MSS 58628, 99.

clinic matters, drawing a distinction between the branch's nescience and the record of headquarters. Moreover, the question of private regular correspondence between medical staff and the Society President was not open to discussion:

Headquarters has been disappointed, not to say almost dismayed, by what appears to us to have been the almost callous neglect of the Clinic by the Lay Committee (most emphatically not the Medical Committee.) During this time when we are ready to open and Nurse is there being paid and all by herself, yet the Lay Committee have not been in the least helpful ... as regards the hours; the Leeds Clinic is a branch and our Society's hours are from 10 to 6 ... As regards the Committee's suggestion about the hours, any change in the hours of opening would not, I know, be entertained by our Executive. Do not forget that we have already a very considerable experience of running clinics, not only in London but we have 3 times had clinics in Leeds and district ... We will certainly not alter our standard hours for any hypothetical ideas of a Lay Committee which has proved itself unhelpful so far... Then as regards nurse writing to me, of course she writes to HQ and I cannot understand why anybody should raise any question about it, and suggest to you that she shouldn't ... All my staff write to me freely and are encouraged to do so.⁷⁷

This war of words between the branch and head office continued for some time. After the branch secretaries, Mrs Akers and Mrs Scarr, obstructed access to information required by headquarters, as designated in the memorandum of affiliation, Humphrey Verdon Roe demanded their resignations.⁷⁸ Within months the entire branch committee in Leeds had suspended their work.⁷⁹ The disputes between headquarters and the Leeds branch merely increased Stopes' determination to ensure that the other provincial clinics remained under her yoke. Whilst Stopes could be sympathetic to the entreaties of branch committees, as in the case of agreeing to the name of the Belfast clinic being altered to soothe local sensibilities, she often did not trust the activities of the local committee members:⁸⁰

It does seem so sad when the difficulties of keeping the Clinics going financially are greater than ever before ... that the Belfast Committee should be behaving, frankly it seems to me, like a lot of petulant children. What is behind it all? You were so wise and kind and steered things so wisely and well that I

⁷⁷ Marie Stopes to Dr Maxwell Telling, 28 May 1934, BL MS Papers, Add MSS 58628,

⁷⁸ Humphrey Verdon Roe to Mrs Akers and Mrs Scarr, 31 July 1934, CMAC PP/MCS/C18

⁷⁹ Headquarters to Leeds Branch, July 1934, CMAC PP/MCS/C18. The difficulties between the two parties were firmly blamed upon the actions of the two branch secretaries: 'I would like to point out that the lack of co-operation between the Leeds Branch and London and the lack of 'efficient co-operation' which they speak of in their protest appears to be entirely due to the lack of experience and efficiency of Mrs Akers and the other local secretary.'

⁸⁰ Marie Stopes to Dr E McDaniel, 24 April 1936, CMAC PP/MCS/C22. The clinic, which opened in October 1936, was duly entitled The Mothers' Clinic for Gynaecological and Constructive Birth Control Help Towards Racial Progress.

appeal to you to let me know what is the truth of it all ... Mrs. Woodside comes down with no authority and gives orders to Nurse that she is not entitled to give, such as about the hour of early closing ... in lots of other ways is very unkind and worrying to the Nurse who is an admirable person and has our complete trust. Then Dr McDaniel writes me enormous letters about people hurting her feelings ... You may realize, perhaps, that there are elements even in the pro-birth control work who would be enchanted to break up our CBC work, and one must not leave out of account the possibility that they are an element in all this, though I hope it is not so.⁸¹

Greta Jones asserts that, whilst Stopes' domineering nature did not deter the clinic staff, 'the conviction of her total correctness could also alienate equally strong minded women' – namely, the branch committee members.⁸² The centralized structure of the CBC branch network engendered a system in which headquarters frequently found its interests in conflict with those of the local groups, in spite of the strict ordinances governing clinic affiliation. Stopes' determined retaliation to the dissension with the Leeds branch highlights her reluctance to abdicate her predominance over the clinic network; the contributions of those undertaking voluntary activity in the regional centres were clearly envisioned by headquarters to be relatively minor in the hierarchical structure of the organization. In spite of the help such volunteers rendered to the CBC, appreciation of their assistance was not forthcoming.

Providing contraception in the field: the Abertillery and District Hospital Clinic and the Caravan Clinics

In the 1920s, the CBC entered into two discrete experiments to furnish birth control knowledge extrinsically from their ongoing clinical work at Whitfield Street. The two projects illuminate the Society's efforts to develop innovatory methods of spreading their birth control gospel. The first intramural birth control clinic and the travelling caravan

⁸¹ Marie Stopes to Gertrude Hill, 30 October 1939, BL MS Papers, Add MSS 58619, 33-34.

⁸² Greta Jones, 'Marie Stopes in Ireland – The Mother's Clinic in Belfast, 1936-47', *Social History of Medicine*, 5, 2, August 1992, 265.

centres were both founded to disseminate clinical contraception to deprived areas in Britain without access to any such medical assistance. In working together with a hospital committee to inaugurate a hospital clinic, and, in envisioning a new form of health care delivery in the guise of the mobile clinic, the CBC formed new alliances and employed unorthodox and inventive techniques to extend the provision of birth control to needy and impoverished communities.

In December 1924, the CBC was approached by Victor Roberts, hospital secretary of the Abertillery and District Hospital in Monmouth, who, encouraged by a hospital board member championing birth control, sought assistance to found an intramural clinic in the South Wales hospital.⁸³ Roberts spoke of the local demand, as 'we have such a large population of working class people and the need for such a department is keenly felt.'⁸⁴ Stopes keenly gave CBC backing to the project, pledging her unqualified support, 'I am only too happy to assist it in any small way, and sincerely hope that we may manage to find a Nurse who will give every satisfaction and establish the Department on successful lines.'⁸⁵ The hospital department project yielded the latitude to pilot the Mothers' Clinic model in a medical institution setting; the hospital clinic practice was to be based upon the CBC system. Stopes presided over the preliminary selection of the nursing staff, advising Roberts that 'the main thing in my opinion is to get a woman with a thoroughly nice personality as well as the necessary qualifications,' and instructed the hospital board upon

⁸³ Margaret Douglas, 'Women, God and Birth Control: The First Hospital Birth Control Clinic, Abertillery 1925', *Llafur*, 6, 4, 1995, 111. David Daggar, a local mining lodge representative on the hospital committee, had joined the CBC in March 1923, and set about lecturing on birth control to local working men's clubs and lodges. He proposed in a speech in November 1924 that the hospital, built in 1922 with the contributions of local miners, should open a birth control department.

⁸⁴ Victor Roberts to Marie Stopes, 7 December 1924, CMAC PP/MCS/C15.

⁸⁵ Marie Stopes to Victor Roberts, 12 December 1924; Marie Stopes to Victor Roberts, 12 February 1925, MAC PP/MCS/C15.

the purchasing of equipment and low cost supplies.⁸⁶ The chosen candidate, Nurse Naomi Jones, was instructed at the central clinic on a four week course, attaining certification in CBC methods.⁸⁷ Nurse Jones maintained a regular correspondence with headquarters after the clinic opening in June 1925, keeping the central clinic abreast of any new developments or difficulties.⁸⁸ Jones had wholeheartedly embraced the CBC philosophy during her training; her allegiances lay with Stopes and the central clinic staff, rather than with her employers in Abertillery.⁸⁹ In spite of the fanfare heralding the clinic inauguration and an initial flurry of interest, patient numbers at the intramural clinic remained low.⁹⁰ Religious opposition from local chapels seemed to further dampen local enthusiasm for the clinic.⁹¹ The hospital board considered closing the facility in February 1926, but instead took the decision to reduce the clinic hours to one session per fortnight. Nurse Jones divulged her perturbation over the crisis to Stopes, acknowledging that 'very few attend to my disgust. I

⁸⁶ Marie Stopes to Victor Roberts, 12 February 1925; Marie Stopes to Victor Roberts, 12 December 1924; Marie Stopes to Victor Roberts, 7 May 1925, CMAC PP/MCS/C15. Stopes recommended the CBC supplier, Lamberts of Dalston, east London. She advised the purchase of economical pessaries: '...they have a very cheap form of soluble pessary which they do not advertise and only give on our recommendation, because they say the sale of these does not pay and undercuts the trade, but to those recommended by us they supply Chinosol soluble pessaries at 6d. per packet, which are not only just as good but better than the ordinary soluble pessaries on the market at 2s 6d. As your clinic is being run for the very poor you may wish to have these.'

⁸⁷ Marie Stopes to Victor Roberts, 12 May 1925; Marie Stopes to Victor Roberts, 29 April 1925. CMAC PP/MCS/C15. Stopes' correspondence with the hospital board regarding Nurse Jones reveals her perception of the hospital clinic as being very much a CBC enterprise: '... Both Sister and I feel that she is, in many respects, a very suitable woman for the pioneer work she will do in your department ... If I may make a suggestion to you it is that she needs a little more definite polish and finish in both her work and her appearance. We like at our clinic to have a smart professional atmosphere so far as possible in the technique of the work'.

⁸⁸ 'The First Hospital Clinic', 3.

⁸⁹ Naomi Jones to Marie Stopes, 28 September 1925; Naomi Jones to Sister Roberts, 16 June 1925, CMAC PP/MCS/C16. In both letters, Jones expressed her sadness at having to leave the CBC headquarters clinic upon completion of her training. Jones to Roberts, 'Truly I was quite happy at your nice clinic, I did not want to leave when the time came. You were very kind to me, and I very much appreciate this.' Jones also professed her hope that both the sister and Stopes would be pleased with the Abertillery clinic facility.

⁹⁰ Naomi Jones to Sister Roberts, 16 June 1925.

⁹¹ See Douglas, 'Women, God and Birth Control,' 117. Reverend Ivor Evans proposed a resolution to the local Free Church Council condemning birth control. "This Council views with grave concern the activities of the Abertillery Constructive Birth Control Committee believing that they are inimical to the highest moral and social welfare community. It desires to protest solemnly against the placarding of our streets with such posters as would bring the blush of shame to the cheeks of our mothers, and would make our youth prurient."

cannot think what steps to take to try and induce women to attend – it's the Welsh religious element.'⁹² Within months, Jones notified headquarters of her decision to relinquish her role in Abertillery:

I have decided to leave Abertillery and take up nursing again. I am sorry really. It seems useless remaining here after the huge effort I have made in trying to educate the working mothers to no avail.⁹³

The hospital clinic had hardly been a resounding success; Nurse Jones had only instructed fifteen patients within four months of the clinic opening. Yet, the undertaking of this joint venture, partnered by a medical institution, elucidates the willingness of the CBC to co-operate with third parties in order to broaden access to clinical birth control.

Stopes was not deterred by the failure of the intramural clinic. In the summer of 1927, the Society agreed the purchase of a horse-drawn caravan, with the intention of inaugurating a mobile clinic service, run by trained CBC nurses, to travel throughout the country. The CBC planned for the caravan clinic to be based for short periods of time in particularly deprived communities, and sought the assistance of local Labour women's sections and Women's Co-operative guilds in providing a temporary home for the caravan.⁹⁴ The society also appealed to local public health officers to advise them of the clinical facilities accessible within their district:

⁹² Naomi Jones to Marie Stopes, 23 February 1926. Stopes in reply urged the nurse to continue her work and remain positive, 'I am sorry indeed to hear there is any opposition to the Clinic, and with you cannot at all understand why the working women do not attend when they seem so keen on obtaining knowledge. It is most disappointing. I hope you will keep your heart up and things will take a turn for the better.' Marie Stopes to Naomi Jones, 27 February 1926. CMAC PP/MCS/C16.

⁹³ Naomi Jones to Marie Stopes, 14 September 1926. CMAC PP/MCS/C16. Jones blamed the hospital committee secretary, Victor Roberts, for failing to publicize her efforts sufficiently. Jones returned to work for the CBC in the summer of 1927 as the nurse practitioner of the caravan clinic. In October 1927, she was given notice; the Society could not afford to finance the work of two nurses in the travelling clinic, and Jones, an unmarried nurse, was felt to be less suitable for contraceptive work than a married midwife.

⁹⁴ Press release on the Caravan clinic, N.D. CMAC PP/MCS/C20; Marie Stopes to Naomi Jones, 7 June 1927, CMAC PP/MCS/C21. In Bethnal Green, the caravan was lodged upon municipal ground. See Marie Stopes to Gordon Selfridge, 6 March 1928, CMAC PP/MCS/C20.

... Our Caravan is fitted internally like a small Clinic, and so far as space offers is a replica of the Clinic at our permanent HQ. We take it about the country with the object of bringing a Nurse and the necessary technical instruction to the districts where the really poor working class mothers need help and where no permanent Clinic exists. You will readily understand that the very poor uninstructed woman cannot be helped by books or a scientific treatise: she needs personal examination and instruction by a thoroughly qualified Nurse or Doctor.⁹⁵

The CBC had sought to replicate the ambience of the central clinic in Whitfield Street in the caravan facility, decorating the interior in the CBC colours of bright blue and white.⁹⁶

Stopes also envisaged the caravan clinic as a means of spreading the message of Constructive Birth Control to those in authority in the local community:

The Caravan, in addition to helping the poor women gives an opportunity for local nurses and doctors, midwives, women police, and other social workers to hear of the CBC Methods and learn something of them – thereafter remaining a permanent centre of help and instruction in the district which has been visited. The Caravan, therefore, does a double work.⁹⁷

The caravan clinic was first dispatched to Bethnal Green and Stratford in east London, followed by tours of Kent, South Wales, and the Midlands, as well as travelling into Yorkshire.⁹⁸ The tours were not without controversy; during the stay in the Bradford area, in November 1928, a local Roman Catholic spinster, Elizabeth Ellis, set alight to the travelling clinic, causing £200 of damage.⁹⁹ Stopes kept a watchful eye over the caravan's progress, maintaining a regular correspondence with the caravan nursing staff, and issuing edicts where necessary in cases of clinic procedure, including overruling the possibility that nurses might visit patients in their own homes.¹⁰⁰ The caravan clinics did not meet with

⁹⁵ Marie Stopes to FL Keith, Public Health Department, Metropolitan Borough of Bethnal Green, 9 December 1927, BL MS Papers, Add. MSS 58623, 78.

⁹⁶ 'The Caravan Clinic', *BCN*, 3.

⁹⁷ *Ibid.*

⁹⁸ See Naomi Jones to Marie Stopes, 2 September 1927, CMAC PP/MCS/C21; Ellen Williams to Marie Stopes, 1929, CMAC PP/MCS/C21; Charlotte Fowles to Marie Stopes, 5 March 1932, CMAC PP/MCS/C23; Ruth Pearman to Marie Stopes, 3 February 1933, CMAC PP/MCS/C23; Marie Stopes to Ada Shears, 12 April 1930, CMAC PP/MCS/C21.

⁹⁹ Peter Neushul, 'Marie C. Stopes and the Popularisation of Birth Control Technology', *Technology and Culture*, 39, 2, April 1998, 269; June Rose, *Marie Stopes and the Sexual Revolution* (London, 1992), 193. Following the caravan fire, local donations raised sufficient funds to purchase two travelling clinics.

¹⁰⁰ Marie Stopes to Ellen Williams, 1 May 1929, BL MS Papers, Add MSS 58621, 196. The question of home visiting was vetoed by the CBC committee as 'involving too much risk of a possible hostile trap to

tremendous success. Nursing staff regularly reported poorly attended clinics; sparking the decision taken in 1930 to have the clinics operated by a single nurse:

It seems to me from what I gather from a variety of directions that there is not really work for the two nurses within the Caravans. When I originally started them it was all an unknown field and all kinds of possibilities of trouble rose to my mind to be guarded against, but now they have run so long and so peacefully I should like to know whether we can re-arrange the staff and whether you could manage by yourself as effectively as present.¹⁰¹

Nonetheless, the caravan clinic continued upon its travels throughout distressed parts of the country into the 1930s, serving as a useful propaganda tool for the Society, whilst allowing the CBC to maintain a clinical presence (albeit briefly) in areas of the country without recourse to clinical contraceptive services. Indeed, both the hospital birth control clinic and the travelling centres were brave attempts to apply innovatory tactics to the dissemination of Stopes' gospel of Constructive Birth Control. Neither venture had the possibility of reaching vast numbers of indigent women, but both cases illuminate the willingness of the CBC to embrace new methods and strategies in the furtherance of their cause.

An affiliated network of clinics: the ABCL birth control centres

Whilst the CBC maintained centralized authority over its clinic network, the American Birth Control League chose a divergent tactic to foster the foundation of new clinical centres for birth control throughout the United States. The hindrances imposed by

yourselves, and consequently the movement, and, therefore, under no protest whatever, however appealing and heart-rending the individual case may be, are you to visit personally.'

¹⁰¹ Marie Stopes to Ada Shears, 5 February 1930, CMAC PP/MCS/C21; Marie Stopes to Ellen Williams, 9 May 1931, PP/MCS/C21. Stopes instructed Williams to return to head office, as 'at the Committee meeting this week we had to discuss the situation that the Headquarters is very much overworked and that the Caravan is having so few patients. As each patient at the Caravan costs far too much of the proportion of the cost of running the charitable work, the Committee faced two alternatives – one to dismiss one of the Nurses at the Caravan and carry on with only one and engage a clerk to do some of the work at Headquarters; or secondly, call in one of the nurses at the Caravan to do the extra clerical work, address envelopes and so on, with occasional fittings, that is not get in a new member of the staff. It was decided to try the latter course for a few months to see how it worked.' Naomi Jones reported to Stopes that in the September 1927 stay of the caravan clinic in Stratford, East London, she instructed just two clients in an entire week. Naomi Jones to Marie Stopes, 2 September 1927, CMAC PP/MCS/C21.

geographical distance, the variations between State statutes, and the divergences evident in local sensibilities compelled the development of a federation of co-operating clinics as the most appropriate means of initiating a clinical network. Drawing upon the upsurge of interest in the birth control question, the ABCL hoped local grassroots committees, inspired by the work of Sanger and her colleagues, would affiliate with their organization and cooperate in the establishment of non-profit centres. The ABCL aimed to position itself as a national unifying body, with which local clinics and state leagues could affiliate in order to 'derive mutual support, medical and legal protection, prestige and authority.'¹⁰² The League sought to provide voluntary birth control centres with official accreditation, setting a level of minimum clinic standards to be attained, providing birth control literature and assistance in the establishment of clinics, together with the supplying of clinical data.¹⁰³ Whilst encouraging newly established clinics across America to base their clinical activities upon the pioneering example set by the Clinical Research Department, the League nonetheless supported members' autonomy to create an individualized clinic programme tailored to the demands of their local environment, in addition to regional legislative requirements. Clinics were founded in private practitioners' offices, medical schools, tuberculosis centres, and settlement houses, in addition to becoming established as part of gynaecology and intramural hospital services. By January 1937, the ABCL had certified 176 birth control centres as maintaining the minimum standards designated by the League's medical board.¹⁰⁴ In facilitating the establishment of birth control clinics by confederated groups in a variety of different guises, dependent upon the local social, cultural and medico-legal

¹⁰² 'Why affiliate with the ABCL?' May 3, 1935, MS SSC Papers, Box 37, folder 4, 1.

¹⁰³ 'Relation of the American Birth Control League to affiliated branches and state organizations', N.D. MS Collected Papers, Reel CO2, 0017-18.

¹⁰⁴ 'Directory of Clinics and Clinical Services, US, Hawaii and Canada,' January 1937, MS SSC Papers, Box 37, Folder 4

customs and regulations, the ABCL encouraged the rapid proliferation of contraceptive clinics across the United States. The ABCL's adherence to a decentralized programme of clinic affiliation ensured that, whilst individual clinical facilities remained autonomous in their decision and policy making, the League could institute a certification programme to ensure some level of parity in the standards of patient care delivered across the clinic network.

The ABCL offered guidance and advice to parties interested in forming a clinic, suggesting the rewards and drawbacks inherent in the various types of facilities.¹⁰⁵ It was argued that the establishment of an intra-mural clinic allowed the clinic committee to reap the benefits of joining an already functioning organisation, by reducing clinic overheads and ensuring adequate levels of medical supervision. However, affiliation with a hospital risked alienating potential patients, as 'the objection is that women do not want to go to a hospital for contraceptive advice. This was probably true in the early days of the movement but newly organised hospital clinics are soon running to capacity and forced to increase the number of sessions.'¹⁰⁶ In contrast, founding an extra-mural service enabled a more flexible clinic structure, but it was argued that whilst private clinics fostered new enthusiasm for the dissemination of birth control knowledge, ultimately, the provision of contraception should be undertaken by the medical authorities:

¹⁰⁵ Caroline Hadley Robinson, 'How Shall We Start a Clinic', *BCR*, May 1932, 143-44.

¹⁰⁶ Alice C Boughton, 'To Start a Clinic', *BCR*, 1, 7, April 1934, 1. Hannah M Stone also argued that the extra-mural clinics 'are much the more active and progressive. The hospital clinics are frequently limited in the service they render because of too severe an interpretation of 'medical indications' and the restrictions of advice only to patients who present urgent health reasons. This attitude, however, is being modified with time, and the increasing number of these centres is a clear indication of the trend of the future development of clinical contraception in America.' Hannah M Stone, 'Birth Control in America,' *BCR*, 16, 6, June 1932, 188.

Such service can be established where needed, and in distinction to the hospital clinic it may be moved if and when neighbourhood conditions change. The requirements of space and equipment are neither elaborate nor costly. Furthermore, because the patients are not sick, the clinic can be informal, and can avoid the hospital atmosphere which so frequently frightens the timid and unsophisticated woman. In the extra-mural clinic the policy of admission can be more flexible and the records may be kept with only immediate clinic ends in view. But two serious objections may be raised. First, the advantages of the hospital clinic in the matter of medical supervision and standards cannot so certainly be sustained in the extra-mural clinic. Secondly, it is the function of any private group to experiment, to organise and to demonstrate the new and untried. Logically, the time comes, whatever the service may be, when the activity should be turned over to the community to administer and finance. In birth control work, such transfer (and we should keep in mind the time of transfer *must* come) can more readily be made if birth control service is established within the hospital or tied into some other existing health service than if it is an independent enterprise.¹⁰⁷

The majority of clinics affiliated with the ABCL operated in an extra-mural capacity. Local branches were established to facilitate the opening of clinical centres; in a number of the larger cities, regional committees organized a number of clinics under the auspices of their umbrella organizations, which were in turn affiliated to the League. The Illinois Birth Control League established six centres between 1924 and 1927, based in locales ranging from the Polish district of Chicago and the city's Jewish People's Institute, to the Hull House settlement and centres for charities and medical aid affiliated with the Council of Social agencies.¹⁰⁸ Anne Kennedy, the ABCL legislative and field secretary, recounted to readers of the *Birth Control Review* the sterling work achieved by the small band of birth control pioneers in Chicago:

This work in Chicago is supported by some of the leading physicians of the city – but it has been due to the energy and determination of a small group of men and women that so much has been accomplished. Mrs Benjamin Carpenter has worked with skill and devotion in the organisation of the medical centres. Dr Rachelle Yarros has fought in and out of her profession to break down prejudice and to dispel ignorance of BC. These centres in Chicago are an inspiration to the toiler in the field for BC. The accomplishment here can be duplicated in other states where it is unhampered by law. It only needs courage, devotion, and well-directed organisation by a small group of real workers.¹⁰⁹

Other prominent birth control clinics included centres in Baltimore, Detroit, Cleveland, Cincinnati, Los Angeles and New Jersey, in addition to a number of birth control clinic

¹⁰⁷ Ibid, 1-2.

¹⁰⁸ Robinson, *Seventy Birth Control Clinics*, 30.

¹⁰⁹ Anne Kennedy, 'A Visit to the Medical Centres of Chicago,' *BCR*, 11, 1, January 1927, 26.

programmes based in New York City.¹¹⁰ The birth control clinics linked to the ABCL, by virtue of their local genesis and community knowledge, were able to attract important local dignitaries, both lay and medical, to the birth control campaigns they conducted at grassroots level.¹¹¹ The ABCL suggested that the ideal composition of the organizing birth control committee should draw together medical and lay parties representing social work, religion and the law:

The first requisite is a committee of responsible citizens who see the need of birth control centres in their community, and are willing to unite to promote it. This committee should include physicians, social workers, ministers, and at least one lawyer. Leading social workers and public health nurses usually appreciate the need of contraceptive service and will be able to suggest the best personnel for the committee. To secure the co-operation of the desired men and women, it has been found better to interview them singly than in groups. After a few (perhaps seven or eight) have expressed themselves as interested in the provision of contraceptive service and possibly willing to become members of the proposed committee, a meeting can be arranged. At this meeting the birth control centre committee may be formed, and a chairman and secretary elected.¹¹²

Moreover, due to their understanding of community feeling and tradition, the clinic committees were better able to shape their clinical services according to local demands, ranging from requests for marital counseling to fertility difficulties and women's health matters. Consequently, many clinics thus increasingly extended their services to provide assistance in such matters. As one contemporary noted;

... Nearly all clinics, especially those outside hospitals, feel the pressure of these extra demands and try to respond with increased services, such as follow-up for conditions requiring medical and surgical

¹¹⁰ For clinics in Baltimore, see ES Lewis and N Louise Young, MD, 'Baltimore's Negro Maternal Health Centre: How it was organised', *BCR*, May 1938, 93-94; 'The Baltimore BC Clinic', *BCR*, May 1929, 137; for clinics in Detroit, Cleveland and Cincinnati, see Robinson, *Seventy Birth Control Clinics*, 31; for clinics in Los Angeles, see Clara Taylor Warne, 'Making Birth Control Respectable', *BCR*, April 1930, 110-111; Etta Gray MD, 'The Los Angeles Clinic', *BCR*, March 1931, 85; for clinics in New Jersey, see Henriette Hart, 'The First Three Months of the New Jersey Clinic', *BCR*, November 1928, 309-310; Henriette Hart, 'The Maternal Health Centre, Newark, NJ', *BCR*, March 1930, 93-94; for clinics in New York, see Charlotte Delafield Marsh, 'Birth Control Centres in Settlements', *BCR*, May 1932, 141-142; 'Mothers Health Centers', *BCR*, June 1933, 145-149.

¹¹¹ Bessie L Moses, MD, *Contraception as a therapeutic measure* (Baltimore, 1936), 3; Robinson, *Seventy Birth Control Clinics*, 33. Moses claimed 'an outstanding group of physicians, scientists and laymen formed the Committee which established the Bureau for Contraceptive Advice in Baltimore.' Robinson suggested of the staff and committee of the Los Angeles Mothers' Clinic Association, 'the names of these persons make a very striking letter-head for a welfare organization, the whole group consisting almost entirely of medical men and women without the need of any bolstering laymen's names.'

¹¹² 'How to Start a Contraceptive Centre', 1935, MS SSC Papers, box 37, folder 4, 1.

treatment that must be referred to properly equipped hospitals; while for the rest a number have instituted marital advice, some with special provisions for husbands. The increasing use of names like 'Maternal Health Centre,' 'Mothers' Clinic,' 'Women's Welfare Centre' indicate this changing function.¹¹³

The decentralized nature of the ABCL clinical programme fostered local participation in and enthusiasm for the birth control movement. The League offered counsel and assistance when required, and ensured clinical standards were adhered to in their network of centres, yet otherwise allowed local committees autonomy in clinic affairs. In allowing local volunteers and activists to shape the nature and direction of the clinical services on offer, grass-roots interaction was both engaged and encouraged. The capability of each birth control clinic to self-determine their activities, from the selection of clinic staff to the trialling of different techniques and methods, invigorated both the involvement of local reformers in the movement, and their zeal for the task in hand.

Providing clinical instruction in birth control

Whilst both organizations placed the dissemination of clinically-prescribed contraception at the very centre of their campaign manifestos, the CBC and the ABCL envisioned their clinic programmes in contrastive terms. The British society shaped their practical work around the nurse, whereas the American group entrusted the physician to direct clinical practice. In their choice of divergent clinical operatives, the two groups were responding to unique motivations and pressures. The CBC decision to select, where possible, midwives, married with children, to conduct clinical instruction was influenced in part by Stopes' distrust of the medical profession, and partly by her conviction that working-class women

¹¹³ Louise Stevens Bryant, 'Clinical Development', *BCR*, December 1932, 299.

responded more favourably to women from similar backgrounds.¹¹⁴ Furthermore, the midwife-centred system was a unique model among birth control clinics in Britain, providing Stopes with the distinction of having implemented a visionary and innovatory form of clinical service. Doctors, including consultant gynaecologists, employed at the Mothers' Clinics as medical officers served in a supervisory capacity, only overseeing the more problematic cases requiring instruction.¹¹⁵ In contrast, the ABCL clinical programme had to adhere to the proscriptive legislation enshrined in both State and Federal laws governing the dissemination of contraceptive materials. In many states, the legal precedent of physician-prescribed birth control as a means of curative treatment or of disease prevention had been established. Thus, this legally-sanctioned model of contraceptive dissemination became the common pattern in American birth control clinics. Within these two different clinical systems, clinic personnel on both sides of the Atlantic shared common challenges and faced heterogeneous exigencies in their relations with organizational superiors, in the implementation of clinic policy, and in their contacts with patients.

'I prefer in my Clinics a 'comfortable body': the CBC midwives

It is to the sister woman, the married midwife who is herself a mother, that many women turn far more readily and trustfully than to medical practitioners who see each 'case' for a few moments only and rush through the fittings one after the other. So at our clinics all inquirers are seen first by a very highly trained midwife who gives ample time to each to make her feel at home, and only those who ask for, wish, or need to see the doctors do so. Hence the women who are fitted in our clinics are not in the state of nervous tension than are in some other institutions.¹¹⁶

Stopes' pronouncement, in her 1934 contraceptive manual *Birth Control Today*, highlights the pivotal function of midwifery staff members within the CBC's clinical structure. Stopes

¹¹⁴ Cohen, 'Private Lives in Public Spaces,' 99.

¹¹⁵ Marie Stopes to Dr Charlotte Arnold, 4 December 1939, CMAC PP/MCS/C22. Stopes advised Arnold that 'the main work in the Clinic for the Medical Officer is dealing with difficult and complicated cases beyond the skill of ordinary, straight-forward methods, and very often this involves gynaecological treatment of the individual case, operation and so on, which are your special province.'

¹¹⁶ Stopes, *Birth Control Today*, 180.

envisioned from the outset of her plans for the Mothers' Clinic that the nurse-midwife would serve as the mainstay of the clinical staff, taking responsibility for instruction in the majority of cases. Patients suffering from gynaecological abnormalities or impairments resulting from childbirth would be advised by the clinic medical officer, but routine instructions where no difficulty was present were undertaken by the clinic midwife:

I would point out that the majority of normal, healthy women do not need any medical assistance in the matter at all, and if you have a fully qualified midwife who has been specially trained in contraceptive details ... she is quite capable of dealing with all normal requirements and also detecting abnormalities to hand on to the doctor.¹¹⁷

Under the centralized structure of the CBC clinical system, Stopes insisted upon maintaining a weekly correspondence with the nursing personnel. She urged her staff to 'please always write to me frankly although I don't always ask you to.'¹¹⁸ The clinic nurses dutifully recorded each week their triumphs and tribulations, seeking to ensure the correctness of their actions and asking for advice in problematic cases. This vast epistolary intercourse between Stopes and CBC nursing personnel imparts the daily routines and structure of clinical practice, the fervent worship Stopes inspired amongst many of her employees, and the relationship between the client and clinic practitioners.

Nursing staff were engaged for work at the Mothers' Clinic based upon the commendation of other nursing personnel, and through advertising campaigns in widely-read nursing journals.¹¹⁹ Nurse Rosina Thompson, already a member of the CBC, was approached by Stopes in 1923 upon the recommendation of Nurse Maud Hebbes, a serving staff member.

¹¹⁷ Marie Stopes to Victor Roberts, 12 December 1924, CMAC PP/MCS/C15

¹¹⁸ Marie Stopes to Ada Shears, 12 April 1930, CMAC PP/MCS/C21

¹¹⁹ Marie Stopes to Victor Roberts, 13 January 1925, CMAC PP/MCS/C15. Stopes advertised in *The Nursing Times* and *The Nursing Mirror*, informing Roberts that 'we recently appointed a new nurse at our Clinic, and we had a large number of applicants, so I think there will be no great delay or difficulty in getting one.'

Stopes informed Thompson that 'we are ... seeking a fully trained midwife nurse with Birth Control sympathies and just the right temperament to take her place. She suggested that possibly you might like to think of taking on the work.'¹²⁰ Thompson, previously employed as a district midwife and health visitor, eagerly accepted the position, informing Stopes that 'the work at the Clinic appeals to me strongly and I should feel so happy and 'at home' in it':

The work has interested me keenly since I first saw in the Press some two or three years ago an article dealing with one of your books and birth control, when I at once made myself initiated with the question, and in consequence many of the mothers in my district have been helped in this way and are very appreciative; naturally I should like to be able to work a little more definitely as I have seen so much misery caused by the lack of proper knowledge in this direction during the last 7 years.¹²¹

Stopes preferred that nursing personnel employed by the Mothers' Clinics were state-registered with the Central Midwives Board, although exceptions could be made in certain circumstances.¹²² In addition to their CMB experience, midwives were required to undertake further schooling in the techniques of the Mothers' Clinic. The probationary training period, based at the central clinic in London, lasted between four and six weeks, during which time trainees were instructed by the Sister-in-charge in scientific, female-centred methods of contraception. Stopes requested that training midwives dress in the clinic uniform, consisting of blue overalls and a white cap, and prepare for their initiation by reading her medical guide *Contraception*.¹²³ The course culminated in a series of tests in the techniques of clinical birth control practice:

At the end of that time she will receive a written and oral examination, and that, together with the report on her practical work will be incorporated into a certificate which I hope ultimately will become quite as important and valuable as the CMB certificate.¹²⁴

¹²⁰ Marie Stopes to Rosina P Thompson, 10 February 1923, CMAC PP/MCS/C4.

¹²¹ Rosina P Thompson to Marie Stopes, 13 February 1923, CMAC PP/MCS/C4.

¹²² Memorandum, 'Affiliation of Charitable Birth Control Clinics with the CBC,' 1934, BL MS Papers, Add. MSS 58634, 97.

¹²³ Marie Stopes to Victor Roberts, 9 April 1925, CMAC PP/MCS/C15.

¹²⁴ Marie Stopes to Victor Roberts, 29 April 1925 CMAC/PP/MCS/C15.

Nurses were expected to arrive at the clinic by 9.30 a.m. in order to attend to correspondence and ensure the consulting rooms were presentable. Consultation hours throughout the Mothers' Clinic network were scheduled between 10 am and 6pm on weekdays.¹²⁵ Many of the CBC nurses took pride in working in an attractive clinical space. Naomi Jones, the CBC trained nurse at the Abertillery hospital clinic, enthused in a letter to Sister Roberts, head of the central clinic:

Really sister, I am very proud of my Clinic everything so compact waiting room, fitting room and sterilising room, lavatory and WC all next door to each other, sinks, two in the fitting room, hot and cold water, heated by electricity, polished floors as you know. The sweet picture Dr so kindly gave me I have framed and hung, also my two certificates ... I would really like you to see my Clinic Dr Stopes will be delighted I KNOW.¹²⁶

Margaret Rae, the attending midwife at the Aberdeen clinic, was equally delighted with the mandatory Mothers' Clinic uniform in Society colours, informing Stopes that 'I wear your uniform – I got lovely blue coats, cuffs and veils – so that I should be in Your uniform.'¹²⁷ The clinic nursing staff often idolized the clinic founder, and regularly sought her approbation. Nurse Rae in particular maintained a very devoted correspondence with headquarters. Shortly after the inauguration of the Aberdeen clinic, she appreciatively wrote to Stopes, 'I must thank you very much indeed, for your kind thoughts of encouragement ... I deeply appreciate all very much, and I trust in the near future to always be able to give you very good accounts of your helpful work in Aberdeen.'¹²⁸ Following a query from Stopes regarding techniques, Rae assured her patron she remained faithful to her CBC training:

¹²⁵ 'Memorandum of Working Arrangements between the CBC Central Clinic and the Leeds Branch Clinic', CMAC PP/MCS/C18.

¹²⁶ Naomi Jones to Sister Roberts, 16 June 1925, CMAC PP/MCS/C16.

¹²⁷ Margaret Rae to Marie Stopes, 22 October 1934, BL MS Papers, Add. MSS 58602, 14. Shortly after the foundation of the Aberdeen clinic, Rae told Stopes, 'I am proud of the clinic and will be so happy when it is better known, but that will come in due course.'

¹²⁸ Margaret Rae to Marie Stopes, 12 October 1934, BL MS Papers, Add MSS 58602, 2. (Emphasis in original).

Rest assured Doctor, I give the solubles and advise on them most strictly. ... Sister Thompson trained me thoroughly on this part, and I am very strict on the advice regarding this matter ... Yes Doctor, trust me. I am very keen all your instructions are carried out fully. I am here to do my duty in your work and I mean not to fail you in any of your work. I love my work and (am) very keen to do anything you require of me.¹²⁹

The clinic midwives often reflected Stopes' own philosophies on the use of non-clinical techniques. Nurse Rae advised a young woman at the Aberdeen clinic against the use of withdrawal, asserting that she 'pointed out the dangerous condition that would result in the continual use of Coitus Interruptus to the whole nervous system.'¹³⁰ Nurse Jones in Abertillery was horrified to discover that 'the mothers misconstrue contraceptives with abortions,' adding 'it will take a little time to disillusion them.'¹³¹ Stopes' repugnance of abortion manifested itself in CBC clinical practice: she regularly warned both nurses and physicians to be wary of any association with abortion. She reminded staff that 'we have had such an up-hill fight to disassociate birth control from abortion that it is an essential factor in our work.'¹³² Nursing staff were required to pledge an oath promising to abide by this ruling:

So long as I am in any way associated with 'The Mothers' Clinic' I will not in any circumstances whatever either in my capacity as a Nurse of the 'Mother's Clinic' or in any other capacity impart any information or lend any assistance whatever to any person calculated to lead to the destruction of utero of the products of conception. I know that abortion is unlawful under the statutes of the realm of England and also that it is physiologically detrimental to the health of the person affected and for these reasons I will not give any assistance or concurrence to the idea in any way.¹³³

The nursing staff of the Mothers' Clinics largely came from similar working-class backgrounds to their patients, although their training, income of £3 per week and

¹²⁹ Margaret Rae to Marie Stopes, 22 October 1934, BL MS Papers, Add MSS 58602, 13.

¹³⁰ Margaret Rae to Marie Stopes, 14 March 1935, BL MS Papers, Add MSS 58603, 82.

¹³¹ Naomi Jones to Marie Stopes, 28 September 1925, CMAC PP/MCS/C16.

¹³² Marie Stopes to Dr Charlotte Arnold, 4 December 1939, CMAC PP/MCS/C22

¹³³ 'Oath signed by Beatrice Angeleri', May 1940, CMAC PP/MCS/C34; also see Marie Stopes to Beatrice Angeleri, 23 May 1940, PP/MCS/C34; Marie Stopes to Beatrice Angeleri, 4 April 1940, PP/MCS/C34.

Stopes claimed that one of her nursing staff had been offered £100 by a 'man of high professional position' to conduct an abortion on his mistress.

professional status now categorized as them as belonging to the lower middle classes.¹³⁴ Yet despite this common background, midwives upon occasion expressed frustration over their interactions with patients, sometimes doubting client claims of indigence, in addition to criticizing women for not embracing the techniques they offered.¹³⁵ However, patients visiting the Mothers' Clinics warmly welcomed the instruction they were provided with, and singled out the nurse-practitioners for praise. Nurse Hebbes reported that 'the gratitude and appreciation is wonderful,' whilst a Mrs S attending the Aberdeen centre in May 1937 wrote to thank the CBC 'for the nice attention I receive when calling at the clinic by the Nurse in Charge.'¹³⁶

In serving as the main providers of contraceptive knowledge in their clinic facilities, the CBC practitioners occupied a unique place within the British birth control movement. Whilst other clinics relied upon the physician to lead their contraceptive instruction, Stopes recognized the assurance the 'sister woman' with a non-threatening manner, 'a comfortable body rather than someone with push and drive' would offer to anxious patients.¹³⁷ The nurses' devotion to Stopes, together with their certitude in her vision of 'Constructive Birth Control,' shaped their clinical roles and practice, and their prior experiences in midwifery, or their own histories of motherhood inspired their fervent belief in the virtues of the method they prescribed.¹³⁸ To thousands of working-class women attending the CBC

¹³⁴ Cohen, 'Private Lives in Public Spaces,' 104-5.

¹³⁵ Nurse Underwood to Marie Stopes, 2 August 1934, CMAC PP/MCS/C18; Ellen Williams to Mrs Bootle, April 1929, CMAC PP/MCS/C21

¹³⁶ Maud Hebbes to Marie Stopes, 28 April 1921, BL MS Papers, Add. MSS 58596; Aberdeen case sheet, CMAC PP/MCS/C35

¹³⁷ Marie Stopes to Dr Grace Phillips, 29 June 1945, CMAC PP/MCS/C31

¹³⁸ Rosina P Thompson to the editor, *The Nursing Mirror*, 17 November 1923, CMAC PP/MCS/C4. Thompson argued that 'midwives and health visitors who have worked for years in slum areas amongst mothers, cannot have failed to have gained sympathetic understanding and knowledge of human nature, and

clinics throughout the 1920s and 1930s, the midwives represented the human face of the birth control movement, and their dutiful dedication to the cause almost certainly persuaded many patients to adopt techniques of clinical contraception.

‘The Madonna of the Clinic and the Eugenicist’: profiles of two ABCL physicians

Hundreds of physicians served as clinical providers in ABCL-affiliated birth control centres throughout the interwar years, working in both intra-mural and extra-mural institutions. For many female doctors, hindered by gender prejudices in obtaining positions, the burgeoning clinic network offered an attractive avenue of usually part-time employment, and the movement attracted physicians who had been active in welfare and social reform campaigns.¹³⁹ I will consider the contributions of two high-profile female doctors active in the birth control movement, and site the significance of their work within the wider birth control campaign. Both physicians were associated with prominent birth control clinics: Dr Hannah Mayer Stone superseded Dorothy Bocker in the role of Director of the CRD, holding the post throughout the 1920s and 1930s, whilst Dr Lydia Allen DeVilbiss, a notable figure in the national movement, who was involved in maternal health campaigns during the 1910s, established her own birth control clinic, organized on eugenic principles, in Florida in 1929.

in wisely disseminating wholesome methods of contraception can do no harm to the individuals or to the race but rather mitigate anguish and misery in the individual and hand on uplifting influences to the race.’ Margaret Rae to Marie Stopes, 4 April 1935, Add. MSS 58603. Rae informed Stopes ‘I’m out for cases, and not only cases but to tell everyone the good of your Birth Control – I had a hard life – and I myself wish I had known of it.’

¹³⁹ Joyce M Ray & FG Gosling, ‘American Physicians and Birth Control’, *Journal of Social History*, 18, 1984-5, 405.

Joining the CRD of the ABCL in 1925 at the age of 32, Dr Hannah Mayer Stone, the daughter of Jewish immigrants, had formerly worked as a paediatrician with the Lying-In division of the New York Hospital & Medical College. Stone originally accepted the Clinical Directorship as a part-time role, but her ties to the birth control movement resulted in her discharge from her role in the Lying-In division.¹⁴⁰ The relationship between Margaret Sanger and Stone's predecessor, Dorothy Bocker, had disintegrated over the two years of Bocker's tenure at the Clinical Research centre, culminating in Bocker destroying the entire case history records of the clinic upon her departure in December 1924.¹⁴¹ Stone, in contrast, immediately endeared herself to her patron, and the pair developed a close working relationship over two decades. Bocker had trialled a range of contraceptive methods on over 1200 patients, but had failed to keep adequate records to ascertain the success rate.¹⁴² In contrast, in her first year of directing the Clinic, Stone instructed over 1600 women, chiefly in the diaphragm and jelly technique; in 1925, her preliminary report of the clinic's work at the 1925 6th International Neo-Malthusian and Birth Conference was attended by more than 1,000 physicians.¹⁴³ She published widely in birth control periodicals and co-authored a study with Sanger, whilst Robert L Dickinson assisted the publication of her findings in a respected medical journal.¹⁴⁴ Known by the sobriquet 'the

¹⁴⁰ Ellen Chesler, *Woman of Valor: Margaret Sanger and the Birth Control Movement in America* (New York, 1992), 278; Sanger, *An Autobiography*, 360. Stone was also denied admittance to the New York Academy of Medicine until 1932.

¹⁴¹ Diary entry, Margaret Sanger, 1 Jan 1925, MS SSC Papers, Reel S70, 223. Dorothy Bocker, after her dismissal by Sanger in December 1924, returned to the Clinical Research Department and removed the names from the patient history cards, rendering them unusable. Sanger recorded in her diary: 'The two year agreement for clinical research is over. It was a sorrowful ending to a great venture. The records!! The names taken by her, make the records useless.'

¹⁴² Vern Bullough (ed.), *Encyclopedia of Birth Control* (Santa Barbara, CA, 2001), 31.

¹⁴³ Chesler, *Woman of Valor*, 279; Hannah M Stone, MD, 'Occlusive Methods of Contraception', *Journal of Contraception*, May 1937, 2, 5, 102. Stone prescribed the diaphragm in 80-85% cases at the Clinical Research Department/Bureau.

¹⁴⁴ See Hannah M Stone, 'Essentials in Clinic Equipment', *BCR*, Jan 1927, volume 11, no 1, 23; Hannah M Stone, 'Family Limitation and Family Health', *BCR*, June 1928, 182-183; Hannah M Stone, MD, 'Who

Madonna of the Clinic' for her gentle and patient demeanour, Stone diligently generated extensive case history records, tested varying types of contraceptive materials, and was credited for the welcoming atmosphere in the CRD.¹⁴⁵ She was sympathetic to the plight of the women attending her clinic, and this compassion fuelled her endeavours to provide birth control instruction to those in need of assistance:

Work in a birth control clinic and intimate contact with women who apply for contraceptive advice impresses one with the fact that most of these women desire this information, not for purely selfish reasons, and not merely because they wish to avoid the pains and responsibilities of child-bearing; these women wish to employ or do employ contraceptive means either because they are physically unfit for pregnancy, or because they wish properly to space the births of their children. They want to recover fully from former pregnancies, and to be in a fit physical and economic condition before undertaking further duties and responsibilities as parents; they want to be able to give their children born and to be born, the best possible heritage, care, and upbringing.¹⁴⁶

Like Stone, Lydia Allen DeVilbiss had worked extensively in the field of maternal and child health before entering the birth control movement. A 1907 graduate of Indiana University medical school, DeVilbiss had been Sanger's initial choice to preside over the CRD, and had also chaired the medical panel session at the first American Birth Control Conference in 1921. DeVilbiss was drawn to welfare work, and subsequently, birth control, by her zealous enthusiasm for eugenics. Her eugenicist philosophy, and her virulent racism, pervaded her vision of birth control: she centred her arguments for augmented access to contraception upon questions of racial health and fitness.¹⁴⁷ In her 1923 text, *Birth Control: What is It?* DeVilbiss urged that "either the American race must check the appalling increase of the mental deficient and defectives or be engulfed by them; either Americans

comes to the Birth Control Clinic?' *BCR*, December 1931, 344-345; Hannah M Stone, 'A Clinic Questionnaire', *BCR*, April 1934, Volume 1, No 7, 3; Hannah M Stone, MD, 'Birth Control Wins', *The Eugenics Review*, 29, 2, July 1937, 113-115; Margaret H Sanger and Hannah M Stone (eds.), *The Practice of Contraception: An International Symposium and Survey* (Baltimore, 1931); Hannah M Stone, 'Therapeutic Contraception,' *Medical Journal and Record*, 21 March 1928, 1-18.

¹⁴⁵ Reed, *From Private Vice to Public Virtue*, 127.

¹⁴⁶ Hannah M Stone, in Norman Haire (ed.) *Some More Medical Views on Birth Control* (London, Cecil Palmer, 1928), 227.

¹⁴⁷ Michael Anne Sullivan, *Healing Bodies and Saving the Race: Women, Public Health, Eugenics and Sexuality 1890-1950*, PhD thesis, University of New Mexico, 2001, 130. DeVilbiss had also served as the medical director of the Better Babies Bureau organised by the *Woman's Home Companion*.

must control this stream of defective protoplasm or go down with it."¹⁴⁸ In January 1929, DeVilbiss established the Mothers' Health Committee in Florida, and inaugurated its birth control clinic. The avowed aims of the Committee were 'to reduce the maternal mortality rate by the education and instruction of mothers, and to promote the cause of eugenics.'¹⁴⁹ Perceiving her patients to be 'so dumb that they get pregnant rather than send word that they are out of jelly or come to the office to get it,' DeVilbiss focused her energies on testing simple and inexpensive spermicides on poor black and white women.¹⁵⁰ DeVilbiss was deeply concerned by the question of how to reach the indigent 'charity case' woman who would not, or could not, attend a birth control centre.¹⁵¹ After extensive trials, she believed the use of a foam powder spermicide, which could be supplied at the cost of five cents per patient, provided the answer:

... a gratifying percentage of success can be attained by careful instruction in the homes even among patients of limited intelligence, and at a fraction of the cost of ordinary clinic methods. ... The Foam Powder method promises to be useful in that biggest problem of contraception which is NOT the women who can come to a clinic and use a fitted pessary intelligently ... the patients like the Foam Powder because of its extreme simplicity and because its use requires no sanitary conveniences whatever.'¹⁵²

DeVilbiss proposed a reconstruction of the national birth control movement from its contemporary standpoint; she envisaged instead a campaign infused with eugenic zeal. She claimed, in a letter to Sanger in 1935, that 'in my opinion the American Birth Control League and the National Maternal Health organizations have about run their course. It is time for a new scientific approach to the whole public health and race problem.'¹⁵³ The extensive scientific research programme conducted under the auspices of the Mothers'

¹⁴⁸ Lydia Allen DeVilbiss, *Birth Control: What is it?* (Boston, 1923), 50. Italics in original.

¹⁴⁹ Mothers Health Committee of Dade County, Florida, 6 Feb 1932, MS SSC Papers, 11, 8, 2.

¹⁵⁰ Lydia Allen DeVilbiss to Margaret Sanger, 14 August 1933, MS SSC Papers, 11, 8, 1.

¹⁵¹ Lydia Allen DeVilbiss, 'Preliminary Report on the use of Foam Powder and Rubber Sponge Pessary in the white and colored clinics', 30 November 1935, MS LC Papers, 29, 44, 503.

¹⁵² Ibid.

¹⁵³ Lydia Allen DeVilbiss to Margaret Sanger, 11 February 1935, MS SSC Papers, 11, 8, 2.

Health Committee sought to demonstrate the efficacy of a simple technique that could be applied even by the most impoverished. DeVilbiss, however, envisioned that this new method, rather than ameliorating the conditions of the most disadvantaged, would eradicate the dysgenic poor, the feeble-minded and the weakling from American society.

Whilst Hannah Stone and Lydia Allen DeVilbiss shared a common commitment to providing clinical contraceptive treatment to the American indigent woman, there existed a vast polarity between their motivating forces. Stone, influenced by her background in child health care, sought to develop and enhance clinic technologies in order to ameliorate the lives of the needy; DeVilbiss anticipated that the invention of simple contraceptive methods could, if applied eugenically, transform the social fabric and structure of the nation. The participation of two such dissimilar doctors, within the same campaign, connotes that the American birth control movement drew together a wide body of individuals under the aegis of the contraceptive coalition.

Birth Control in practice

The clinical facilities established by the ABCL and the CBC sought to furnish working-class women with the most advanced scientific and hygienic contraceptive techniques available. The two national organizations were united by a transnational commitment to augment the accessibility of clinical birth control means to those who for pecuniary, socio-cultural and legal reasons were denied such knowledge, in addition to a collective conviction in the primacy of medicalized, therapeutic contraception. Both groups, by virtue of their different national environments, personalities, pressures, and policies, formulated disparate clinical programmes, varying in admissions procedure, choice of method, and

patient follow-up strategies. The divergent organizational structures of the two groups also configured the degree of self-determination with which each clinic could operate. The centralized nature of the CBC clinical programme ensured uniformity across its clinic network; each member centre was meticulously governed by Marie Stopes, and subject to the dictates and demands of the Society headquarters. Conversely, the ABCL-affiliated centres were largely autarchic institutions, espousing individualized clinic policies and procedures. Indeed, there was often a marked dissimilitude between birth control centres divided by state boundaries, as varying legislative restrictions governing contraception enforced contrasting interpretations of clinical birth control in practice.¹⁵⁴ Due to the large number of ABCL-affiliated clinics, this study will predominantly consider the practices of the CRD, although reference to the procedures of other ABCL-linked centres will be made. Moreover, whilst clear disparities prevailed between the clinical practices of the two national networks, there remained symmetry connecting their work. Inevitably, both British and American clinic networks shared common ground in many of their clinical routines, in patient encounters and in generating case history results. In juxtaposing the clinical operations orchestrated by the CBC and the ABCL, I seek to illuminate the convergences and contrasts between their individual frameworks of contraceptive provision, elucidating how each organization addressed the discrete national circumstances, and the collective occurrences transcending national boundaries, emerging in the scope of such work.

British and American birth control clinic policy diverged upon the question of admittance to clinical services. Reflecting a clinic inaugurated as a model centre for welfare agencies,

¹⁵⁴ Committee on Federal Legislation for Birth Control, *Laws Concerning Birth Control in the United States* (New York, 1929).

the CBC clinic was initiated with the intention that its services were open to all working-class women seeking therapeutic instruction in medicalized birth control techniques. It was not obligatory for patients to receive treatment on purely medical grounds – economic burdens and a desire to deliberately space births also sufficed as a justification for admittance.¹⁵⁵ In later years, the CBC shifted from this sole focus upon the indigent woman – the society instituted a policy, as part of the travelling clinic service, to provide contraceptive treatment to the ‘many well-to-do women for whom the free Clinic was not intended, and yet who desire CBC instruction.’¹⁵⁶ The Mothers’ Clinic did not charge for instructions, merely for the cost price of prescribed materials. In cases of hardship, such charges were waived accordingly.¹⁵⁷ Clinic supporters also sponsored the free dissemination of condoms and sponges to the destitute.¹⁵⁸ Clinical facilities across the Atlantic had to tailor their admittance policy to meet the regulations for curative and preventative contraceptive treatment enforced under state laws. The CRD in New York City was required by the terms of its licence to ‘operate under the laws and court decisions of the State of NY, and restrict contraceptive advice solely to married persons ‘for the cure or prevention of disease.’¹⁵⁹ However, this legislation was upon occasion liberally interpreted. The New York Academy of Medicine criticized the clinic for being too flexible and non-literal about the constraints enshrined in the law.¹⁶⁰ Indeed, Marjorie Prevost, a nurse at the BCCRB, admitted that:

¹⁵⁵ Marie Stopes, ‘Address on Ideals and Practice of Constructive Birth Control,’ 29 April 1930, BL MS Papers, Add. MSS 58635

¹⁵⁶ ‘CBC Newsletter – Service of Travelling Nurses,’ N.D. CMAC PP/MCS/C4

¹⁵⁷ Rose, *Marie Stopes*, 144;

¹⁵⁸ Marie Stopes to Ellen Williams, 1 May 1929, BL MS Papers, Add. MSS 58621, 196.

¹⁵⁹ Robinson, *Seventy Birth Control Clinics*, 26.

¹⁶⁰ Chesler, *Woman of Valor*, 280.

No patient is turned away from here if it is humanly possible to accept her, and if she is refused, it is due to the fact that she requires termination or it is absolutely impossible to find any health reason after the most careful and meticulous examinations by the Doctor.¹⁶¹

The League reported that patients attending the CRD in the year 1925 were referred from numerous sources. Hospitals referred 5.8%, physicians 11.8% and social service organizations 13.3% of the total percentage of patients attending the research bureau. The majority – 69.1% - were visiting the birth control department upon the recommendation of friends, unions, meetings and the *Birth Control Review*. 38.8% of attendees were Protestant, 32.6% Jewish and 26.2% Catholic, with 2.4% from other religious backgrounds. Attendees broadly represented the proportion of religious denominations in the population of New York City.¹⁶² Amongst a total of 9737 patients visiting the BCCRB in 1929, 1794 paid fees for their instruction, 6780 paid for materials, and 3660 received materials free of charge. It is unsurprising that most patients received at least part of their treatment gratis - 70% of patients' families earned less than \$50 per week, whilst the average income stood at \$36 per week.¹⁶³ The indigent women attending the New York facility could ill afford the expense of contraceptive materials without charitable assistance.

The divergences between the instruction processes at the two clinic networks reflect their contrastive emphases upon the roles of the nurse, the physician and the lay worker in clinical practice. The CBC examination process was chiefly carried out by nursing staff; women would be referred to the Clinic medical officer only in the case of complications. Stopes railed against 'the custom in so many clinics where they have a series of inquisitorial 'helpers', nurses prepare the patient for the doctor, etc, reduces the patient to

¹⁶¹ Marjorie Prevost to Margaret Sanger, 15 February 1932, MS SSC Papers, Reel S6, 811-2.

¹⁶² ABCL, 'Report of the Clinical Research Department of the ABCL,' July 1 1925 to July 1 1926, MS SSC Papers, Box 37, folder 7.

¹⁶³ 'Report of patients, 1 January-31 December 1929,' MS SSC Papers, Box 37, folder 7.

such a state of nervousness as renders it much less likely that adequate fitting and training will be effected in the short time the doctor sees her.'¹⁶⁴ The Mothers' Clinic instituted a sensitive system allowing a naturally tremulous patient 'that five or ten minutes of a quiet and undisturbed helpfulness of attitude ... often necessary to relax the patient's tension and make her at peace and in a normal state of mind and body.'¹⁶⁵ After this initial screening process, the midwife undertook the examination and fitting process:

After the woman has had a confidential talk and is at ease mentally she relaxes on the examination couch. The doctor or the midwife makes a full digital examination (of course wearing rubber gloves and disinfecting adequately) to ascertain whether the uterus is in the normal position or whether there is serious prolapse, or any injury or malformation of the cervix. Where malformation or any disease or abnormality is detected an appointment is made with the appropriate hospital or specialist. In normal simple cases, after digital examination to verify the normality, the size of the cap diaphragm or sponge advisable is estimated and then provisionally fitted from the fitting series while the woman is on the examination couch. ... The woman is then shown the proper posture for fitting it herself, i.e. squatting on her heels, and slightly bending forward. The cap is then removed, and the woman is told to insert it herself and to move about. Then whether it has been placed properly and reliably is tested. It is important to enter not only the name of the appliances prescribed on each case sheet, but also the *exact size* for reference when renewals are wanted, and also to observe after some months or years, or after a desired childbirth, what change, if any, has taken place. Few women require a second instruction, but the friendly atmosphere of the Clinic and the sympathy extended there encourage them to come again if any difficulty arises, and, of course, always to come after a desired birth has taken place as then re-fitting is essential.¹⁶⁶

In contrast, the BCCRB system was centred on the work of the voluntary assistant or social worker who welcomed the client to the clinic, and the physician responsible for the examining and instructing procedure. The clinic nursing staff undertook an auxiliary role in this process. Upon arrival at the clinic, the patient was interviewed initially by a lay worker who noted her medical record, detailed her childbearing, marital, menstrual and sexual

¹⁶⁴ Stopes, 'Positive and Negative Control of Conception,' 357.

¹⁶⁵ Marie Stopes, 'Equipping a Birth Control Clinic (Based on the usage in the first Birth Control Clinic in the World),' *CBC Bulletin*, 3, (London, 1934), 11.

¹⁶⁶ *Ibid*, 12. Stopes recommended before the examination to allow the patient time to relax: 'I have found from personal experience, abundantly confirmed by doctors and midwives at my clinic, that five or ten minutes of a quiet and undisturbed helpfulness of attitude are often necessary to relax the patient's tension and make her at peace and in a normal state of mind and body. Both are important, for with her mind she must grasp and retain the instruction given her, and her body has to be fitted for the size and type of apparatus she is to use.'

history.¹⁶⁷ Prior to their examination by a clinic physician, clients were also advised as to the fundamentals of their own anatomy using a model and shown how the diaphragm or cervical cap was to be used:

After this instruction she was examined and fitted by a physician. The contraceptive usually prescribed was a vaginal diaphragm of either the 'coil spring' or the 'flat spring' type, together with a spermicidal jelly, to be followed several hours after coitus by a douche of plain or soapy warm water. About 20 per cent of the cases, who were difficult to fit with a diaphragm, were given other types of contraception. Most of them were fitted with rubber cervical caps to be used with jelly. About 2 percent of all patients were advised to use jelly alone, about the same proportion were given a rubber sponge and jelly, and 1.6 percent were advised to use condom and jelly. After being fitted with the type of contraceptive, among those listed above, which appeared best to suit her needs, each patient was instructed in its use. If the physician thought it advisable, she was asked to return for a check-up a week after her first clinic visit, otherwise she was expected to return only when she felt she needed further instruction or supplies.¹⁶⁸

The two clinic networks also predominantly promoted the usage of two different types of female-centric devices. Marie Stopes favoured the cervical cap, which was configured as 'an inflated rubber ring to which a thin, cup-like rubber pouch is attached. The ring is designed to fit snugly around the base of the cervix and to adhere to it by suction, while the pouch forms a covering over the part of the cervix that projects into the vagina. This cap comes in three different sizes – small, medium and large.'¹⁶⁹ Ellen Holtzman has postulated that

'Stopes' willingness to overlook the difficulties involved in using the cap, in contrast to her careful scrutiny of other methods of birth control, suggested that her commitment to the cap was largely emotional. Above all, it may have satisfied her desire to be an original and radical thinker. By identifying herself with a form of contraception which, at the time, was not widely in use, Stopes may have felt that she was distinguishing herself from other birth controllers.'¹⁷⁰

Synchronous concerns about the cap suggested it was not robust enough in comparison with the diaphragm. 'Compare the occlusive pessary with the cervical cap. The latter is relatively different for the average woman, impossible for some women, to place correctly.

¹⁶⁷ Hannah M Stone, 'Report of the Clinical Research Department of the ABCL for the year 1925,' MS SSC Papers, Sub-series 2, Reel S61.

¹⁶⁸ Stix & Notestein, *Controlled Fertility*, 91.

¹⁶⁹ Hannah M Stone, 'Occlusive Methods of Contraception,' *Journal of Contraception*, May 1937, 2, 5, 102.

¹⁷⁰ Ellen M Holtzman, *Marriage, Sexuality and Contraception in the British Middle Class 1918-1939: The Correspondence of Marie Stopes*, PhD thesis, Rutgers University, 1982, 36.

It is less sure to stay in place.'¹⁷¹ In Stopes' preferred method, the combined use of the cervical cap with a 'Racial' soluble pessary, a greasy solution suppository was required.¹⁷² In cases aiding the impoverished, she recommended the usage of a sponge soaked in olive oil as an inexpensive alternative.¹⁷³ She claimed that 'in many ways the sponge and oil has great advantages so long as they keep the sponge perfectly clean and cut back if it swells at all.'¹⁷⁴ The favoured technique at ABCL affiliated clinics was the occlusive diaphragm and jelly method. This method was prescribed in over 95% of all cases at ABCL linked clinics during the interwar years.¹⁷⁵ A study of 4,000 women admitted for treatment at the Maternal Health Clinic, Cleveland, Ohio, revealed that 3,514 had been prescribed the diaphragm and lactic acid jelly.¹⁷⁶ A contemporary study of occlusive techniques of contraception praised the diaphragm as a versatile method most women could employ without difficulty:

The occlusive type of pessary, if the size is right, is for over 80% of women sure to be correctly placed. It *has* to lodge in the right place. There is no wrong place. It cannot by any movement or posture be pushed out of place. Once inserted, its wearer never feels it until its removal.¹⁷⁷

Each ABCL affiliated clinic was at liberty to self-determine the methods they supplied to patients. In 1925-6, the CRD instructed 70% of its patients in various types of diaphragm and jelly techniques, 18% in the use of the spermicidal jelly alone, and 3% in the employment of the cervical cap and condom.¹⁷⁸ A decade later, a report of 136 affiliated

¹⁷¹ Dewees, 'The Diaphragm or Occlusive Pessary in Contraceptive Technique', 79.

¹⁷² Stopes, 'Equipping a Birth Control Clinic,'

¹⁷³ Marie Stopes, *A Letter to Working Mothers* (London, 1925), 12;

¹⁷⁴ Marie Stopes to Margaret Rae, 11 March 1935, BL MS Papers, Add. MSS 58603, 66.

¹⁷⁵ Stone, 'Occlusive Methods of Contraception,' 102.

¹⁷⁶ Ruth A Robishaw, MD, 'A Study of 4,000 Patients Admitted for Contraceptive Advice and Treatment', *American Journal of Obstetrics and Gynecology*, March 1936, 31, 3, 429.

¹⁷⁷ Dewees, 'The Diaphragm or Occlusive Pessary in Contraceptive Technique,' 79.

¹⁷⁸ ABCL, 'Report of the Clinical Research Department of the ABCL,' July 1 1925 to July 1 1926, MS SSC Papers, Box 37, folder 7.

clinics detailed the prescription of the safe period (used at 5 clinics), the rubber sponge and jelly method, (recommended by 7 clinics), and a powder and applicator method, used by 2 centres. One clinic prescribed a tampon and jelly method, whilst another favoured the foam powder technique.¹⁷⁹ The vast majority of ABCL centres chose to prescribe the preferred diaphragm device, but a small number of clinics engaged in trialling new techniques and experimentation with emerging contraceptive technologies, which might emerge as the breakthrough necessary to extend the principles of clinical contraception outside its restricted contemporaneous parameters.

Regine K Stix and Frank W Notestein, in their study of the BCCRB, contended that “Women who came to the birth control clinic in search of effective contraception found it. Clinically prescribed contraceptives proved to be highly effective for those women who used them. A few had accidental pregnancies, but the great majority were adequately protected.”¹⁸⁰ Clinics participating in the 1936 survey of ABCL affiliated clinics reported a 3.4% total failure rate.¹⁸¹ Meanwhile, in her 1930 report of the Mothers’ Clinic work, Stopes laid claim to an astonishing success rate – failure occurred in 0.52% of cases. Others doubted her avowal. Stopes assumed those who did not return were successfully applying the method. Lella Secor Florence, involved with the work of the Cambridge clinic, disputed this reasoning:

We find ourselves in complete disagreement with those who believe that it is safe to assume that most cases which are lost trace of are successful cases. In the main, our experience has been exactly the contrary. Women who have failed, either while using the appliance or because they couldn’t use it at

¹⁷⁹ ABCL, ‘Summary of Reports from 136 Clinical Centres for the year 1936,’ March 1937, MS SSC Papers, Box 37, folder 2.

¹⁸⁰ Stix and Notestein, *Controlled Fertility*, 103.

¹⁸¹ ABCL, ‘Summary of Reports from 136 Clinical Centres,’ March 1937.

all, either feel ashamed to admit their failure or they shrug their shoulders and accept this as another disappointment to be added to life's misfortunes and patiently borne.¹⁸²

Stopes contended that the centralized structure of the clinic organization prohibited home visiting to ensure the method was still being employed. 'Visiting in the home' of all the patients advised was pointed out by me long ago as being the only *conclusive* test of the percentage of success and failure: an impossibility in a central Headquarters Clinic like ours when patients come from many counties.'¹⁸³ Moreover, she insisted, in a survey of one hundred cases where home visiting was undertaken, the failure rate was nil.¹⁸⁴ In contrast, the CRD requested clients to return to the clinic after six weeks of method use, for a further check-up and examination. The department also employed a social worker, who carried out 399 home visits in 1925-6 to ascertain whether clients who had failed to return for their scheduled evaluation were still utilizing the clinic prescription:

The social worker carefully followed up the return visits of the cases. When a patient failed to report within a certain period of time, a letter was sent to her requesting her to return to the Clinic or else to reply by mail. Wherever possible, home visits were made by the social worker to delinquent patients, in an effort to be of further assistance to them and to obtain fuller information as to the results of the advice and methods prescribed.¹⁸⁵

Patients attending the CBC and the ABCL clinics experienced divergent clinic procedures and were instructed in different techniques, yet it is likely they shared common feelings after their exposure to clinical contraceptive practices. The records of the ABCL do not include detailed correspondence with clinic patients; however, a number of patients attending the Mothers' Clinic recounted their experiences with the clinically-prescribed

¹⁸² Marie Stopes, *Preliminary Notes on Various Technical Aspects of the Control of Conception: Based on the Analysed Data from Ten Thousand Cases attending the Pioneer Mothers' Clinic London* (London, 1930); Lella Secor Florence, *Birth Control on Trial* (London, 1930), 29. Florence insisted that 'the failures must be searched out.'

¹⁸³ Stopes, *Preliminary Notes*, 17.

¹⁸⁴ Ibid.

¹⁸⁵ ABCL, 'Report of the CRD.'

methods in letters to the nursing staff, assuring them of their gratitude and indebtedness to the birth control centre. A Mrs L of Aberdeen wrote to Nurse Margaret Rae in 1936, averring her conversion to the new method, and stressing her wish to duly make recompense when possible:

I have been fitted with method for which I am truly grateful (sic) I promise to use it I have been given outfit free and when my husband gets work I promise to return and give something to the Clinic thanking you.¹⁸⁶

Other clinic attendees expressed similar sentiments of satisfaction with the CBC method. A Mrs M, attending the Aberdeen clinic in February 1937, eulogized the merits of the technique, and spoke of the ensuing blessings conferred upon her married life:

Words cannot express that feeling of security and safety that my husband and I now experience. All thanks is due to the Mothers' Clinics and everybody in any way connected with it for the very efficient contraceptive that is now within the reach of every working class home. May the Clinics all over Britain or forward go forward to greater success and finally recognition by the Government which is now long overdue.¹⁸⁷

However, some patients encountered difficulty adapting to an unfamiliar technique. In cases where couples had relied upon coitus interruptus or the sheath, the employment of a female-centred device could seem alien and unnatural. A Mrs B from Aberdeen acknowledged her unease with the method:

'I do not feel the same using it. It has not the natural feeling. Well I perhaps think seeing that I feel nervous about wearing it, the more I use it, might make a difference to me. I do hope you will understand my meaning as I am not good at explaining about it.'¹⁸⁸

In spite of Stopes' aggrandized professions of a minute failure rate, women also reported undesired pregnancies after using the CBC technique. Mrs S from Leith recorded her disappointment that a device malfunction had thwarted her plans to space her family:

I should have taken my period on the 7th Feb, but up till now it has not appeared and I am afraid I am again pregnant. The cap was used twice during the last month. Words cannot express my

¹⁸⁶ Mrs L. to Nurse Rae, 22 April 1936, CMAC PP/MCS/C35

¹⁸⁷ Aberdeen case sheet number 471, CMAC PP/MCS/C35

¹⁸⁸ Ibid.

disappointment, as I already have two babies aged 3 and 17 months and I did wish for a longer time before having another child.¹⁸⁹

Whilst specific accounts reporting ABCL client experiences of birth control in practice are unobtainable, a number of research studies convey some sense of the patient response to clinically-prescribed techniques. Regine K Stix and Frank W Notestein reported that only 43% of those who attended the BCCRB, and who still required contraception, employed the prescribed method within two years of their attendance.¹⁹⁰ Stix and Notestein suggest that, in the majority of cases, those who abandoned the clinic technique were prompted by difficulties experienced in usage, citing in particular 'interference with coital adjustment,' rather than the failure of the method.¹⁹¹ A 1936 ABCL study recorded a range of reasons given for discontinuing clinical contraception, including a lack of co-operation by husbands or wives (unco-operative women numbered 1008 to 176 men), a religious conscience, and faulty or damaged devices.¹⁹² Had correspondence survived from clients of the ABCL clinics, one can postulate that many letters would echo the gratitude shown by those instructed at the Mothers' Clinics, whilst other messages would doubtless reflect the obstacles clearly encountered by some patients in their method usage. It is evident that, in spite of the somewhat sweeping statements proclaimed by birth control advocates, the procedure of clinical birth control did not provide a panacea to each and every patient. The successful use of a contraceptive method often depended upon negotiation and agreement between the sexual partners, and also required a sense of familiarity and security in the application of the method. The wide gulf between the clinical techniques, and the contraceptive practices previously adhered to, may have proved insurmountable for both

¹⁸⁹ Ibid.

¹⁹⁰ Stix & Notestein, *Controlled Fertility*, 91-2.

¹⁹¹ Ibid, 97.8. Stix and Notestein contend that couples often chose to return to the methods they have practised prior to their clinic attendance.

¹⁹² ABCL, 'Summary of Reports from 136 Clinical Centres.'

husbands and wives in many cases, explicating their decision to reject their clinical prescriptions.

Ancillary clinical services

Both agencies recognized the demand for the extension of their clinical services beyond simply the contraceptive instruction of the indigent. The clinic structures furnished the latitude to instigate a number of complementary additional amenities, including a CBC program offering assistance to those who sought infertility treatment, as well as a BCCRB service designed for those seeking to confirm pregnancies. Stopes claimed that, whilst, 'the idea of associating with a birth control clinic the procuring of children by a couple of married persons hitherto sterile is, I believe, still a novelty to many who discuss the birth control movement,' the 'pro-baby' element of the Mother's Clinic work was closest to her heart. The clinic literature often highlighted the positive results of the infertility help it had provided.¹⁹³ The society was adamant, moreover, that the 'the absolute necessity of investigating *both* partners to the marriage' was stressed, emphasizing that too often the woman was forced to undergo painful and unnecessary exploratory procedures before the husband was even questioned.¹⁹⁴ Client correspondence attests to the appreciation of those benefiting from the 'pro-baby work.' A Mrs P from Cardiff gratefully noted her thanks to the Mothers' Clinic:

I am indeed very happy to write that I am now three months pregnant, and feel that your advice and my talk with Dr Phillips has been of tremendous help to me, and has resulted in something I have been waiting for, for many months.¹⁹⁵

¹⁹³ 'Appeal-The South Wales Mothers' Clinic, 15 Jul 1938, CMAC PP/MCS/C25; Leeds Branch flyer, N.D. CMAC PP/MCS/C18;

¹⁹⁴ Stopes, 'Positive and Negative Control of Conception,' 355.

¹⁹⁵ Letter Mrs P to Nurse Angeleri, 5 June 1943, CMAC/PP/MCS/C34

The BCCRB in the mid 1930s instituted an 'overdue' service for women who had been patients of the Clinical Research Bureau who were experiencing amenorrhoea. The patients were informed that the service was 'purely diagnostic in character and that she will merely be given an examination to determine whether she is or is not pregnant, but that under no circumstances will any aid be rendered towards interrupting a pregnancy, should she so desire.'¹⁹⁶ Women were found to be pregnant in only half of cases; expectant mothers were 'induced to continue with their pregnancies and were given a more constructive understanding and appreciation of their condition and its implications.'¹⁹⁷ The Bureau hoped the institution of this service would prevent women who otherwise, without consulting a medical practitioner, would attempt unnecessary abortifacient measures if their menses were simply delayed.

The auxiliary services of the clinics also addressed the urgent requirement for the augmented education of medical practitioners in contraceptive techniques. The discernment that there existed a tremendous lacuna in the extent of medical knowledge on contraception had been amongst the rationales motivating the foundation of the first clinical birth control networks in Britain and the United States. The CBC and ABCL both duly instituted medical demonstration workshops for visiting practitioners seeking to augment the paucity of their understanding of birth control techniques. Stopes, however, was insistent that the instruction of medical men and women should not inhibit the daily running of the clinic nor threaten the privacy of the patient consultation:

¹⁹⁶ Hannah M Stone, 'Some Special Services of the BCCRB, NY,' *Journal of Contraception*, 1, 9, Aug-Sept 1936, 149.

¹⁹⁷ Ibid.

At Headquarters ... we ... had definite 'Doctors' Days', that is days with special technical lectures given by myself, followed by demonstrations in practical work on living women in the clinic where the instruction is given by Dr Evelyn Fisher and we pay women to come as demonstration models, choosing women of differing internal conformation so as to illustrate the different types of contraceptives used in the different circumstances ... It is part of the basis of our work for the poor women that we give them the fullest consideration and never allow the teaching or practice on any of the actual patients.¹⁹⁸

The Clinical Research Department welcomed, due to their prominence internationally, doctors from across the world to be schooled in birth control techniques:

It has now become a centre to which physicians from this city and from many parts of this and other countries are coming for observation and instruction in modern contraceptive methods. It is a well recognised fact that medical colleges pay but scant, if any, attention to the problems of contraception, and the physician usually obtains whatever information he has on the subject in a roundabout way. Many of them now avail themselves of the opportunities offered by the Clinical Research Department for direct observation and study of contraceptive technique. During the past year, several hundred physicians visited the Clinic to observe our methods and to discuss contraceptive problems.¹⁹⁹

Both organizations gave great prominence in their propaganda to their standpoint in utilizing the most advanced, scientifically verified means. The deficiency of demonstrated clinical efficacy in contraceptive methods, prior to the organizations' advent, motivated the establishment of clinical research programs testing the potency and effectiveness of various different pessaries and spermicidal agents. The Mothers' Clinic conducted clinical testing but insisted this necessary trialling was not carried out at the risk of the client: 'we do not and never have indulged in the experimental use of difficult or dangerous methods which some doctors use with very tragic results for their patients.'²⁰⁰ Stopes decreed that only approved CBC methods were to be used in clinical practice. The Clinical Research Department, from its inception in 1924, instituted a testing program to ascertain contraceptive efficacy and to perfect existing methods. The hope for an uncomplicated method, which could be utilized by those considered incapable to accurately employ existing means, in addition to those without access to clinical treatment, impelled the

¹⁹⁸ Marie Stopes to Professor Ralph Picken, 13 December 1937, CMAC PP/MCS/C24

¹⁹⁹ 'Report of the CRD of the ABCL'.

²⁰⁰ Stopes, *Preliminary Notes on Various Technical Aspects*, 12.

trialling of numerous jelly and foam powder solutions, with varying success. Foam powder experimentation extended from the laboratory to clinical testing in the field during the 1930s, wherein birth control advocates including Sanger, Clarence J Gamble and Lydia Allen DeVilbiss worked both separately and together to establish programs trialling such methods, with some success, upon indigent white and black women in the South.²⁰¹ In constructing this broader array of clinical service programs under their organizational aegis, the CBC and the ABCL both strove to reshape existing notions of what extra-mural contraceptive centres might offer, and exterior agencies, both state and private, might incorporate into their own operations.

Conclusion

The birth control centres established by the CBC and the ABCL during the interwar years represented the first coordinated attempts to construct a clinical model of contraceptive instruction in Britain and the United States. Both agencies sought, in the scope of their clinical practice, to reshape contemporaneous public and medical perceptions of contraception, obliterating the lingering taint of immorality and obscenity which prejudiced medical and lay thinking alike. They endeavoured to prove the superiority of clinically-prescribed devices, both aesthetically and scientifically, over the commercially acquired or 'natural' techniques predominant in contemporaneous usage. There were divergences in technique and implementation - the CBC model was shaped around the nurse-practitioner, the ABCL method was dispensed by the physician; the CBC favoured the use of the cervical cap combined with a suppository, the ABCL preferred the diaphragm and jelly

²⁰¹ Margaret Sanger to Lydia Allen DeVilbiss, 19 September 1935, MS SSC Papers, S10, 370-1; Margaret Sanger to Lydia Allen DeVilbiss, 26 September 1936, MS SSC Papers, S11, 587; 'BCCRB Statement', 1938, MS Collected Papers, CO6, 953-4.

method. Yet, in spite of these heterogeneities, both clinical networks fundamentally espoused a common model of therapeutic practice – the prescription of clinician-instructed and dispensed female-centred forms of contraception to those indigent women who otherwise lacked any recourse to such treatment. In the collecting of case history results, in the special demonstrations conducted for medics, and in the testing of various clinical techniques, the CBC and ABCL both sought to persuade medical, scientific and state authorities of the proven validity of their clinical practices. The reach of their clinical networks remained small – 176 clinics were affiliated with the ABCL in 1937, whilst the CBC established six centres in total between 1921 and 1943. The majority of contraceptive consumers during this period continued to practice non-clinical forms of birth control, whilst patients utilizing the clinically-prescribed technique often discontinued the method within two years of their clinic attendance. Yet, in spite of their limited impact upon contemporary contraceptive users, the clinical practices of the two networks essentially served a vital purpose in remodeling perceptions of birth control. In both Britain and the United States, the clinical networks of the two societies were the first agencies to explicitly provide contraceptive care within an organized, therapeutic structure. The Mothers' Clinics and ABCL-affiliated centres, in locating birth control within a clinical environment, were pivotal in reshaping notions of contraception from an illicit and unsavoury practice to a recognized and respectable part of therapeutic treatment.

Conclusion: Making Birth Control Respectable

In repositioning the Anglo-American movements for birth control from the radical to the respectable, the Society for Constructive Birth Control and the American Birth Control League faced dissimilar and converging challenges in their endeavours to disseminate contraceptive knowledge to those who required it for health, welfare or social reasons. In exploring the activities and ideologies of the two groups from a comparative and thematic perspective, I have intended to reconfigure the organizational histories of two associations best known for their leadership, and to consider the ideological influences which helped shape their birth control advocacy.

Although established almost concurrently, the associations differed in size and scope: the ABCL was a decentralized federation, with a membership at its peak in the tens of thousands, coalescing affiliated branches, but allowing the confederated associations some degree of independence. In contrast, the CBC, by virtue of its leader's need to dominate, remained a popular organization in the scope of the British birth control movement, but did not represent a national body in the same manner as the League. Both groups had a predominant patron; Sanger's departure from the League in 1928 shifted its style of operation and policy direction from autocratic rule to an increasingly implementation of professional employees. The legislative framework in each country also dictated the alliances and policies pursued. In their policies to restructure contemporary ideas on contraception, both organizations initiated or joined legislative campaigns, worked in the sphere of education, and hoped to encourage medical intervention in the birth control

programme; their endeavours remained largely small-scale, lacking the funds and personnel necessary to further their tactics in this field. In seeking to forge alliances with fellow social reform groups, the associations both experienced mixed successes. In Britain and the United States, the organized eugenics movement remained largely hostile to both associations for their lay roots, and lack of scientific credentials, in spite of the membership of eugenicist proponents in each group. The medical profession, integral to the ABCL vision for extending clinical service, were initially divided upon the question; during the interwar years, the slow transition of the medical hierarchy from hostility to acceptance began to occur. Within the wider scope of the national and international movements, the associations both proved hostile to rival groups threatening their perceived territory. Whilst prepared to forge links with groups outside the birth control movement, in their own sphere, neither association was willing to cede control to any outside group threatening their pioneering position. The manner of Sanger's departure presents an interesting juxtaposition with the CBC. The latter organization was not prepared to tolerate any dissension from affiliated groups, removing those who caused trouble from the ranks. The split between Sanger and the League damaged the movement for the next decade, as the two parties sniped and castigated one another. The transition towards professionalization also affords an interesting contrast between the two associations, wherein the ABCL proved willing to merge and join a new body reunifying the movement, in 1939. The CBC, however, was not prepared to change its policies or limit its control over operations, and duly left the newly formed NBCA which emerged as the predominant contraceptive campaign group during the 1930s. In the decision to professionalize, the ABCL ensured it would be as a potent force in birth control politics. In contrast, the influence of the CBC began

to diminish, in the face of such rivalry. The decision to adopt, or to forego, the politics of professionalism shaped the lasting legacy of the organizations.

In their clinical facilities, the two associations followed divergent models of clinical care; it was necessary for the ABCL to employ a physician as the clinical provider, whereas in the Mothers' Clinics, the nursing staff provided instruction in the majority of cases. There were key divergences between the centralized structure of the CBC clinics, and the affiliated groupings of those linked to the ABCL. In the clinical programmes, the associations also adhered to two different types of female-centred contraceptive devices.

In their ideological constructions of motherhood, and connections to other reform movements, the campaigners in both associations sought to forge links with powerful bodies to gain support for their birth control vision. In employing the rhetoric and terminology of other movements, particularly in the case of the alliance with eugenicists in both contexts, and the medical hierarchy and the social work movement in the American scenario, the associations delineated ideas which although may have had some ideological underpinning, were also influenced by the politics of pragmatism. In seeking to make birth control respectable, it is my contention that both associations reconfigured the scope of their movement to align themselves with authoritative powers.

BIBLIOGRAPHY

MANUSCRIPT COLLECTIONS

American Birth Control League Papers, Houghton Library, Harvard University

Family Planning Oral History Project Papers, Schlesinger Library, Harvard University

Marie Stopes Papers, British Library

Marie Stopes Papers, Contemporary Medical Archives Centre, Wellcome Institute for the History and Understanding of Medicine

Margaret Sanger Papers, Collected Document Series

Margaret Sanger Papers, Library of Congress

Margaret Sanger Papers, Sophia Smith Collection, Smith College

Mary Ware Dennett Papers, Schlesinger Library, Harvard University

Ministry of Health Papers, National Archives

UNPUBLISHED THESES

- Caron, Simone M. 'Race, Class and Reproduction: The Evolution of Reproductive Policy in the US 1800-1989,' PhD thesis, Clark University, 1989
- Collins, Marcus 'Good Companions: Personal Relationships between Men and Women in 20th Century Britain,' PhD thesis, Columbia University, 2000
- Cook, Hera 'The Long Sexual Revolution: British women, sex and contraception in the Twentieth Century,' DPhil thesis, University of Sussex, 1999
- Fisher, Kate 'An Oral History of Birth Control Practice c1925-50: a study of Oxford and South Wales,' DPhil thesis, University of Oxford, 1998
- Holtzman, Ellen M 'Marriage, Sexuality and Contraception in the British Middle Class 1918-1939: The Correspondence of Marie Stopes,' PhD thesis, Rutgers University, 1982
- Holz, Rosemarie 'The Birth Control Clinic in America: Life Within; Life Without, 1923-1972,' PhD thesis, University of Illinois at Urbana-Champaign, 2002
- Knight, Lora Lea 'Guardians of the Race: Scientific Eugenics and the Woman Question in Germany and the United States, 1900-1945,' PhD thesis, University of Utah, 2004
- Leung, Marianne "'Better Babies": The Arkansas Birth Control Movement during the 1930s,' PhD thesis, University of Memphis, 1996

McIntosh, Tania	"‘A Price Must be Paid for Motherhood’: The Experience of Maternity in Sheffield, 1879-1939,’ PhD thesis, University of Sheffield, 1997
Myers, Judith Gay	‘A Socio-Historical Analysis of the Kentucky Birth Control Movement, 1933-1943,’ PhD thesis, University of Kentucky, 2005
Rodrique, Jessie M.	‘The Afro-American Community and the Birth Control Movement, 1918-1942,’ PhD thesis, University of Massachusetts, 1991
Rosen, Robyn L.	‘Federal Responsibility or Governmental Tyranny? The reproductive reform impulse and the welfare state, 1917-1940,’ PhD thesis, University of New York at Binghamton, 1992
Sarch, Amy	‘Dirty Discourse: Birth control advertising in the 1920s and 1930s,’ PhD thesis, University of Pennsylvania, 1994
Schoen, Johanna	‘A Great Thing for Poor Folks: Birth Control, Sterilisation, and Abortion in Public Health and Welfare in the Twentieth Century,’ PhD thesis, University of North Carolina, Chapel Hill, 1995
Sullivan, Michael Anne	‘Healing Bodies and Saving the Race: Women, Public Health, Eugenics and Sexuality 1890-1950,’ PhD thesis, University of New Mexico, 2001
Thomas, Julie L.	‘International Intercourse: Establishing a Transnational discourse on Birth Control in the Interwar era,’ PhD thesis, University of Indiana, 2004

PRIMARY JOURNALS

American Journal of Obstetrics and Gynecology
American Journal of Public Health
The American Journal of Sociology
American Medicine
American Mercury
Annals of the American Academy of Political and Social Science
Birth Control News
The Birth Control Review
British Medical Journal
Eugenics
Eugenics Review
Family Planning
The Freewoman
Harpers Magazine
Hospital Social Service
Human Biology
Human Fertility
International Medical Group for the Investigation of Birth Control newsletter
International Socialist Review
Jewish Social Service Quarterly
John Bull
Journal of State Medicine
Journal of the American Medicine Association
Ladies' Home Journal
The Lancet
Living
Marriage Hygiene
Medical Journal and Record
The Medical Women's Federation Newsletter
Medical Woman's Journal
Milbank Memorial Fund Quarterly
The New Generation
The New Republic
The New York Times
The Practitioner
Science
Social Forces
Transactions of the Medico-Legal Society for the Year 1921-22
The Woman Rebel

PRIMARY BOOKS

Addams, Jane	<i>Twenty Years at Hull House</i> (New York, 1910)
	<i>An Act for the Suppression of Trade in, and Circulation of Obscene Literature and Articles of Immoral Use, March 3, 1873, Congressional Globe and Appendix, 3rd Session, 42nd Congress, part III</i> (Washington, DC, Congressional Globe, 1873)
Blacker, CP	<i>Birth Control and the State: A Plea and a Forecast</i> (London, 1926)
Bromley, Dorothy Dunbar	<i>Birth Control: Its Use and Misuse</i> (New York, 1934)
Campbell, Janet M.	<i>The Protection of Motherhood</i> (London, HMSO, 1927)
Campbell, Janet, Cameron, Isabella D, and Jones, Dilys M	<i>High Maternal Mortality in Certain Areas</i> (London, HMSO, 1932)
Carpenter, Edward	<i>Love's Coming of Age</i> (London, 1906)
Charles, Enid	<i>The Practice of Birth Control: An Analysis of the Birth Control Experiences of 900 Women</i> (London, 1932)
Children's Bureau	<i>Establishment of the Bureau</i> (Washington DC, 1912)
Children's Bureau	<i>Children's Health Centers</i> (Washington DC, 1918)
Children's Bureau	<i>Save 100,000 Babies: Get a Square Deal for Children</i> (Washington DC, 1918)
Children's Bureau	<i>Save the Youngest</i> (Washington, DC, 1921)

Children's Bureau	<i>Promotion of the Welfare and Hygiene of Maternity and Infancy: Text of Act of November 23, 1921 and Maximum Amounts available to the States</i> (Washington DC, 1921)
Children's Bureau	<i>The Seven Years of the Maternity and Infancy Act</i> (Washington DC, 1931)
Children's Bureau	<i>Maternal Deaths: A Brief Report of a Study made in 15 States</i> (Washington DC, 1933)
Children's Bureau	<i>Proceedings of Conference on better care for mothers and babies held in Washington, DC, January 17-18, 1938</i> (Washington DC, 1938)
Clarke, Helen I.	<i>Social Legislation: American Laws Dealing with Family, Child and Dependent</i> (New York, 1940)
Committee on Federal Legislation for Birth Control	<i>Laws Concerning Birth Control in the United States</i> (New York, 1929)
Cooper, James F.	<i>Technique of Contraception: The Principles and Practice of Anti-Conceptional Methods</i> (New York, 1928)
Cox, Gladys M.	<i>Clinical Contraception</i> (London, 1937)
Davies, Margaret Llewellyn (ed.)	<i>Maternity: Letters from Working-Women</i> (London, 1915)
Davis, Henry	<i>Birth Control: The Fallacies of Dr M Stopes</i> (London, 1928)
DeVilbiss, Lydia Allen	<i>Birth Control: What is it?</i> (Boston, 1923)
Dickinson, RL, & Beam, L	<i>A Thousand Marriages: A Medical Study of Sex Adjustment</i> (London, 1932)
Dickinson, Robert Latou MD	<i>Control of Conception: A Clinical Medical Manual</i> (London, 1938)

- East, Edward M. *Mankind at the Crossroads* (New York, 1923)
- Ellis, Havelock *Studies in the Psychology of Sex, volume VI: Sex in Relation to Society* (Philadelphia, 1910)
- Ellis, Havelock *The Task of Social Hygiene* (Boston, 1917)
- Field, James A *Essays on Population, and Other Papers* (Chicago, 1931)
- Final Report of Departmental Committee on Maternal Mortality and Morbidity* (London, 1932)
- Florence, Lella Secor *Birth Control on Trial* (London, 1930)
- Gosney, ES & Popenoe, Paul *Sterilization for Human Betterment: A Summary of Results of 6,000 Operations in California, 1909-1929* (New York, 1931)
- Hagood, Margaret Jarman *Mothers of the South: Portraiture of the White Tenant Farm Woman* (New York, 1939)
- Haire, Norman (ed.) *Some More Medical Views on Birth Control* (London, 1928)
- Himes, Norman (& the Research Department, Holland-Rantos Co. Inc) *Suggestions for Contraceptive Practice* (New York, 1930)
- Hornibrook, E *Practical Birth Control* (London, 1927)
- Huntington, Ellsworth *Tomorrow's Children: The Goal of Eugenics* (New York, 1935)
- Hutton, Isabel Emslie, MD *The Hygiene of Marriage* (London, 1933)
- Katz, Esther (ed.) *The Selected Papers of Margaret Sanger Volume 1: The Woman Rebel, 1900-1928* (Urbana, 2003)
- Konikow, Antoinette F, MD *Physician's Manual of Birth Control*, (London, 1931)

Kopp, Marie E	<i>Birth Control in Practice: Analysis of 10,000 case histories of the BCCRB</i> (New York, 1934)
Laughlin, Harry H.	<i>Eugenical Sterilization in the United States</i> (Chicago, 1922)
Malleon, Joan	<i>The Principles of Contraception: A Handbook for General Practitioners</i> (London, 1935)
Marchant, James	<i>The Control of Parenthood</i> (London, 1920)
Marchant, James (ed.)	<i>Medical Views on Birth Control</i> (London, 1926)
Mass Observation	<i>Britain and Her Birth-Rate: A Report Prepared by Mass Observation for the Advertising Service Guild</i> (London, 1945)
McCleary, GF	<i>The Maternity and Child Welfare Movement</i> (London, 1935)
Meigs, Grace L	<i>Maternal Mortality from all conditions connected with Childbirth in the United States and certain other countries</i> (Washington DC, 1917)
Ministry of Health & Home Office	<i>Report of the Inter-Departmental Committee on Abortion</i> (London, 1939)
Moses, Bessie L	<i>Contraception as a therapeutic measure</i> (Baltimore, 1936)
National Council of Public Morals	<i>Problems of Population and Parenthood</i> (London, 1920)
National Council of Public Morals Birth Control Committee	<i>The Ethics of Birth Control, Being the Report of the Special Committee appointed by the National Council of Public Morals in Connection with the Investigation of National Birth Rate Commission</i> (London, 1925)

- Palmer, Rachel Lynn & Greenberg, Sarah K. *Facts and Frauds in Women's Hygiene: A Medical Guide Against Misleading Claims and Dangerous Products* (New York, 1938)
- Paradise, Viola I. *Maternity Care and the Welfare of Young Children in a Homesteading County in Montana* (Washington DC, 1919)
- Paul, Eden 'Eugenics, Birth Control and Socialism,' in Eden & Cedar Paul, *Population and Birth Control* (New York, 1917)
- Pierpoint, Raymond (ed) *Report of the Fifth International Neo-Malthusian & Birth Control Conference* (London, 1922)
- Popenoe, Paul, & Johnson, Roswell *Applied Eugenics* (New York, 1926)
- Rathbone, Eleanor *The Case for Family Allowances* (London, 1940)
- Reeves, Maud Pember *Round About a Pound a Week* (London, 1913)
- Richmond, Mary E *Social Diagnosis* (New York, 1917)
- Robinson, Caroline Hadley *Seventy Birth Control Clinics: A Survey and Analysis including the general effects of control on size and quality of population* (Baltimore 1930)
- Saleeby, Caleb W *Parenthood and Race Culture: An Outline of Eugenics* (New York, 1909)
- Sanger, Margaret *Family Limitation* (New York, 1914)
- Sanger, Margaret *Woman and the New Race* (New York, 1920)
- Sanger, Margaret, & Russell, Winter *Debate on Birth Control* (Girard, Kansas, 1921)
- Sanger, Margaret *The Pivot of Civilization* (New York, 1922)

Sanger, Margaret	<i>Happiness in Marriage</i> (New York, 1926)
Sanger, Margaret (ed.)	<i>Sixth International Neo-Malthusian and Birth Control Conference</i> (New York, 1926)
Sanger, Margaret	<i>Motherhood in Bondage</i> (New York, 1928)
Sanger, Margaret	<i>My Fight for Birth Control</i> (New York, 1931)
Sanger, Margaret, and Stone, Hannah M, (eds.)	<i>The Practice of Contraception: An International Symposium and Survey</i> (Baltimore, 1931)
Sanger, Margaret (ed.)	<i>Biological and Medical Aspects of Contraception: Papers & Discussion presented at the American Conference on Birth Control and National Recovery</i> , (Washington, DC, 1934)
Sanger, Margaret	<i>An Autobiography</i> (New York, 1938)
Society for the Provision of Birth Control Clinics	<i>Annual Report, 1933-34</i> (London, 1934)
Society for the Provision of Birth Control Clinics	<i>Birth Control and Public Health</i> (London, 1932)
Spring-Rice, Margery	<i>Working Class Wives: Their Health and Conditions</i> (London, 1939; 1981)
Steele, Glenn	<i>Maternity and Infant Care in a Mountain County in Georgia</i> (Washington, DC, 1923)
Stix, Regine K, & Notestein, Frank W	<i>Controlled Fertility</i> (Baltimore, 1940)
Stoddard, Lothrop	<i>The Revolt Against Civilization: The Menace of the Under Man</i> (New York, 1922)
Stopes, Marie Carmichael	<i>Married Love</i> (London, 1918)

Stopes, Marie Carmichael	<i>Wise Parenthood</i> (London, 1919)
Stopes, Marie Carmichael	<i>Radiant Motherhood</i> (London, 1920)
Stopes, Marie Carmichael	<i>Contraception: Its theory, history and practice</i> (London, 1923)
Stopes, Marie Carmichael	<i>A Letter to Working Mothers</i> (London, 1925)
Stopes, Marie Carmichael	<i>Mother England: A Contemporary History Self Written by those who have had no historian</i> (London, 1929)
Stopes, Marie Carmichael	<i>Preliminary Notes on Various Technical Aspects of the Control of Conception: Based on the Analysed Data from Ten Thousand Cases attending the Pioneer Mothers' Clinic London</i> (London, 1930)
Stopes, Marie Carmichael	<i>Birth Control Today</i> (London, 1934)
Sutherland, Halliday	<i>Birth Control: A Statement of Christian Doctrine against the Neo-Malthusians</i> (London, 1922)
Telling, WH Maxwell, et al	<i>Medical Help on Birth Control</i> (London, 1928)
Various societies including Society for Provision of Birth Control Clinics	<i>Report of Conference on the Giving of Information on Birth Control by Public Health Authorities Held on Friday, April 4th, 1930, at the Central Hall, Westminster</i> (London, 1930)
Voluntary Parenthood League	<i>Verbatim Report of the Town Hall Meeting Under the Auspices of the VPL, At which the Chief Speaker was Dr Marie C Stopes, of London, President of the SCBCRP</i> (New York, 1921)
West, Mary Mills	<i>Infant Care</i> (Washington, DC, 1921)
Wilson, Frank Dekker	<i>The Charity Organization Movement in the United States: Study in American Philanthropy</i> (New York, 1922)

Winslow, CEA

*The Public Health Nurse: How She Helps
to Keep the Babies Well*
(Washington, DC, 1918)

Wright, Helena

*Birth Control: Advice on Family Spacing
and Healthy Sex Life* (London, 1935)

SECONDARY SOURCES

- Abel, Emily K 'Valuing Care: Turn-of-the-Century Conflicts between Charity Workers and Women Clients,' *Journal of Women's History*, 10, 3, 1998, 32-52.
- Abramovitz, Mimi *Regulating the Lives of Women: Social Welfare Policy from Colonial Times to the Present* (Boston, 1988)
- Accampo, Elinor A 'The Rhetoric of Reproduction and the Reconfiguration of Womanhood in the French BC Movement, 1890-1920,' *Journal of Family History*, 21, 3, July 1996, 351-371.
- Alberti, Johanna *Beyond Suffrage: Feminists in War and Peace, 1914-28* (Basingstoke, 1989)
- Allen, Ann Taylor 'Feminism and Eugenics in Germany and Britain, 1900-1940: A Comparative Perspective,' *German Studies Review*, 23, 3, Oct 2000, 477-505.
- Anderson, Stuart "The most important place in the history of British birth control": Community Pharmacy and Sexual Health in 20th Century Britain,' *The Pharmaceutical Journal*, 266, January 2001, 23-29.
- Antler, Joyce and Fox, Daniel M 'The Movement toward a Safe Maternity: Physician Accountability in New York City, 1915-1940,' in Judith Walzer Leavitt & Ronald L. Numbers (ed.), *Sickness and Health in America: Readings in the History of Medicine and Public Health* (Madison, 1997), 375-392.
- Apple, Rima D 'Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Centuries,' *Social History of Medicine*, 1995, 161-178.

- Ayers, Pam and Lambertz, Jan
 'Marriage Relations, Money, and Domestic Violence in Working-Class Liverpool, 1919-39,' in Jane Lewis (ed.), *Labour and Love: Women's Experience of Home and Family 1850-1940* (Oxford, 1986), 195-212.
- Baker, Paula
 'The Domestication of Politics: Women and American Political Society, 1780-1920,' *The American Historical Review*, 89, 3, June 1984, 620-647.
- Barney, Sandra Lee
Authorized to Heal: Gender, Class, and the Transformation of Medicine in Appalachia, 1880-1930 (Chapel Hill, 2000)
- Beardsley, Edward H
A History of Neglect: Health Care for Blacks and Mill Workers in the Twentieth-Century South (Knoxville, 1987)
- Beddoe, Deirdre
Back to Home and Duty: Women between the wars 1918-1939 (London, 1989)
- Beisel, Nicola
Imperiled Innocents: Anthony Comstock and Family Reproduction in Victorian America (Princeton, 1997)
- Berkowitz, Edward & McQuaid, Kim
 'Businessman and Bureaucrat: The Evolution of the American Social Welfare System, 1900-1940,' *The Journal of Economic History*, 38, 1, March 1978, 120-142.
- Berridge, Virginia
 'Health and Medicine,' in FL Thompson (ed.) *The Cambridge Social History of Britain 1750-1950: Volume 3: Social agencies and institutions* (Cambridge, 1990), 171-242.
- Bix, Amy Sue
 'Experiences and Voices of Eugenics Field Workers: 'Women's Work' in Biology,' *Social Studies of Science*, 27, 4, August 1997, 625-668.

- Black, Edwin *War Against the Weak: Eugenics and America's Campaign to Create a Master Race* (New York, 2003)
- Bland, Lucy *Banishing the Beast: English Feminism and Sexual Morality, 1885-1914* (London, 1995)
- Bolt, Christine *Sisterhood Questioned? Race, Class and Internationalism in the American and British Women's Movements, c1880s-1970s* (London, 2004)
- Borrell, Merriley 'Biologists and the Promotion of Birth Control Research, 1918-1938,' *Journal of the History of Biology*, 20, 1, Spring 1987, 51-87.
- Bourke, Joanna 'Housewifery in Working-Class England 1860-1914,' *Past and Present*, 143, May 1994, 167-197.
- Bourke, Joanna *Working-Class Cultures in Britain 1890-1960: Gender, Class and Ethnicity* (London, 1994)
- Braybon, Gail *Women Workers in the First World War* (London, 1981)
- Brickman, Jane Pacht 'Public Health, Midwives and Nurses, 1880-1930,' in Ellen Condliffe Lagemann (ed.), *Nursing History: New Perspectives, New Possibilities* (New York, 1983), 65-78
- Brodie, Janet Farrell *Contraception and Abortion in Nineteenth Century America* (Ithaca, 1994)
- Brooke, Stephen '"A New World for Women"? Abortion Law Reform in Britain during the 1930s,' *American Historical Review*, April 2001, 431-459.
- Brooke, Stephen 'The Body and Socialism: Dora Russell in the 1920s,' *Past and Present*, 189, November 2005, 147-177.

- Brookes, Barbara *Abortion in England, 1900-1967* (London, 1988)
- Brown, Kathleen A 'The "Savagely Fathered and Unmothered World" of the Communist Party, USA: Feminism, Maternalism, and "Mother Bloor,"' *Feminist Studies*, 25, 3, 1999, 537-570.
- Brown, Penelope and Jordanova, L 'Oppressive dichotomies: the nature/culture debate,' in Elizabeth Whitelegg et al (eds.) *The Changing Experience of Women* (Oxford, 1982), 389-401.
- Bullough, Bonnie & Rosen, George *Preventive Medicine in the United States 1900-1990: Trends and Interpretations* (Canton, MA, 1992).
- Bullough, Vern & Bullough, Bonnie *The Care of the Sick: the Emergence of Modern Nursing* (London, 1979)
- Bullough, Vern L (ed.) *Encyclopedia of Birth Control* (Santa Barbara, CA, 2001)
- Burnett, John *Plenty and Want: A Social History of diet in England from 1815 to the present day* (London, 1966)
- Byrd, W Michael & Clayton, Linda A *An American Health Dilemma: Volume II: Race, Medicine and Health Care in the United States, 1900-2000* (New York, 2002)
- Caine, Barbara *English Feminism, 1780-1980* (Oxford, 1997)
- Cassedy, James H *Medicine in America: A Short History* (Baltimore, 1991)
- Chambers, Clarke *Seedtime of Reform: American Social Service and Social Action, 1918-1933* (Westport CT, 1980)
- Chambers, Clarke A 'Toward a Redefinition of Welfare History,' *The Journal of American History*,

73, 2, Sept 1986, 407-433.

Chen, Constance M

The Sex Side of life: Mary Ware Dennett's Pioneering Battle for Birth Control and Sex Education, (New York, 1996)

Chesler, Ellen

Woman of Valor: Margaret Sanger and the Birth Control Movement in America (New York, 1992)

Chinn, Carl

They worked all their lives: women of the urban poor in England, 1880-1939 (Manchester, 1988)

Chow, Karen

'Popular Sexual Knowledges & Women's Agency in 1920s England: Marie Stopes's *Married Love* and EM Hull's *The Sheik*,' *Feminist Review*, 63, Autumn 1999, 64-87.

Clark, Anna

'The New Poor Law and the Breadwinner Wage: Contrasting Assumptions,' *Journal of Social History*, 34, 2, 2000, 261-81.

Clarke, Adele E

'Maverick Reproductive Scientists and the Production of Contraceptives, 1915-2000+,' in Ann Rudinow Saetnan, Nelly Oudshoorn & Marta Kirejczyk (eds.) *Bodies of Technology: Women's Involvement with Reproductive Medicine* (Columbus, 2000), 37-89.

Cohen, Deborah A

'Private Lives in Public Spaces: Marie Stopes, the Mothers' Clinics and the Practice of Contraception,' *History Workshop Journal*, 35, 1993, 95-112.

Cohen, Miriam & Hanagan, Michael

'The Politics of Gender and the Making of the Welfare State, 1900-1940: A Comparative Perspective,' *Journal of Social History*, 24, 3, 1991, 469-484.

- Condran, Gretchen A, Williams, Henry & Cheney, Rose A 'The Decline in Mortality in Philadelphia from 1870 to 1930: The Role of Municipal Services,' in Judith Walzer Leavitt & Ronald L Numbers (eds.) *Sickness and Health in America: Readings in the History of Medicine and Public Health* (Madison, 1997), 422-436.
- Cook, Hera 'Unseemly and Unwomanly Behaviour: Comparing Women's Control of their Fertility in Australia & England from 1890 to 1970,' *Journal of Population Research*, 17, 2, 2000, 125-141.
- Cook, Hera *The Long Sexual Revolution: English women, sex, and contraception 1800-1975* (Oxford, 2004)
- Cookingham, Mary E 'Combining Marriage, Motherhood, and Jobs Before World War II: Women College Graduates, Classes of 1905-1935,' *Journal of Family History*, Summer 1984, 178-95.
- Collins, Marcus *Modern Love: An Intimate History of Men and Women in Twentieth Century Britain* (London, 2003)
- Cott, Nancy F *Public Vows: A History of Marriage and the Nation* (Cambridge, MA, 2000)
- Court, Audrey & Walton, Cynthia *1926-1991: Birmingham Made a Difference: The Birmingham Women's Welfare Centre & The Family Planning Association in Birmingham* (Birmingham, 2001)
- Crenson, Matthew A *Building the Invisible Orphanage: A Prehistory of the American Welfare System* (Cambridge, MA, 1998)
- Crowley, Jocelyn Elise & Skocpol, Theda 'The Rush to Organize: Explaining Associational Formation in the United States, 1860s-1920s,' *American Journal of Political Science*, 45, 4, Oct 2001, 813-829.

- Crozier, Ivan 'Becoming a Sexologist: Norman Haire, the 1929 London World League for Sexual Reform Congress, and Organizing Medical Knowledge about Sex in interwar England,' *History of Science*, 2001, 299-329.
- Culleton, Claire A *Working-Class Culture, Women, and Britain, 1914-1921* (Basingstoke, 2000)
- Curry, Lynne *Modern Mothers in the Heartland: Gender, Health, and Progress in Illinois, 1900-1930* (Columbus, 1999)
- D'Emilio, John & Freedman, Estelle B *Intimate Matters: A History of Sexuality in America* (Chicago, 2002)
- Davey, Claire 'Birth Control in Britain during the Interwar Years: Evidence from the Stopes correspondence,' *Journal of Family History*, 13, 3, 1988, 329-345.
- David, Paul A & Sanderson, Warren C 'Rudimentary Contraceptive Methods and the American Transition to Marital Fertility Control, 1855-1915,' in Stanley L Engerman & Robert E Gallman, *Long Term Factors in American Economic Growth* (Chicago, 1986), 307-79.
- Davies, Celia 'The Health Visitor as Mother's Friend: A woman's place in public health, 1900-14,' *Social History of Medicine*, 1988, 39-59.
- Davin, Anna 'Imperialism and Motherhood,' *History Workshop Journal*, 5, 1978, 9-65.
- Davis, William L 'Family Planning Services: A History of US Federal Legislation,' *Journal of Family History*, 16, 4, 381-400.
- Degler, Carl N 'What Ought To Be and What Was: Women's Sexuality in the Nineteenth Century,' *The American Historical Review*, 79, 5, Dec 1974, 1467-1490.

- Digby, Anne *British Welfare Policy: Workhouse to Welfare* (London, 1989)
- Digby, Anne *The Evolution of British General Practice 1850-1948* (Oxford, 1999)
- Dingwall, Robert, Rafferty, Anne Marie & Webster, Charles *An Introduction to the Social History of Nursing* (London, 1988)
- Donnison, Jean *Midwives and Medical Men: A history of the struggle for the control of childbirth* (London, 1988)
- Dorr, Gregory Michael 'Assuring America's Place in the Sun: Ivey Foreman Lewis and the Teaching of Eugenics at the University of Virginia, 1915-1953,' *The Journal of Southern History*, 66, 2, May 2000, 257-296.
- Dorr, Lisa Lindquist 'Arm in Arm: Gender, Eugenics, and Virginia's Racial Integrity Acts of the 1920s,' *Journal of Women's History*, 11, 1, Spring 1999, 143-166.
- Douglas, Margaret 'Women, God and Birth Control: The First Hospital Birth Control Clinic, Abertillery 1925,' *Llafur*, 6, 4, 1995, 110-122.
- DuBois, Ellen Carol & Gordon, Linda 'Seeking Ecstasy on the Battlefield: Danger and Pleasure in 19th Century Feminist Sexual Thought,' *Feminist Studies*, 9, 1983, 7-25.
- Duffy, John *The Healers: The Rise of the Medical Establishment* (New York, 1976)
- Duffy, John *The Sanitarians: A History of American Public Health* (Urbana, 1990)
- Dwork, Deborah *War is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England, 1898-1918* (London, 1987)

- Dye, Nancy Schrom & Smith, Daniel Blake 'Mother Love and Infant Death, 1750-1920,' *The Journal of American History*, 73, 2, Sept 1986, 329-353.
- Dyhouse, Carol 'Working-class Mothers and Infant Mortality in England, 1895-1914,' *Journal of Social History*, 12, 1978-79, 248-267.
- Dyhouse, Carol *Feminism and the Family in England 1880-1939* (Oxford, 1989)
- Endres, Kathleen L & Lueck, Therese L *Women's Periodicals in the United States: Social and Political Issues* (Westport, CT, 1996)
- Engs, Ruth Clifford *Clean Living Movements: American Cycles of Health Reform* (Westport, CT, 1999)
- Faulkner, Evelyn "Powerless to Prevent Him": Attitudes of Married Working-Class Women in the 1920s and the rise of sexual power,' *Local Population Studies*, 49, Autumn 1992, 51-61.
- Finlayson, Geoffrey 'A Moving Frontier: Voluntarism and the State in British Social Welfare, 1911-1949,' *Twentieth Century British History*, 1, 2, 1990, 183-206.
- Finlayson, Geoffrey *Citizen, State and Social Welfare in Britain 1830-1990* (Oxford, 1994)
- Fisher, Kate "Didn't stop to think, I just didn't want another one": the culture of abortion in interwar South Wales,' in Franz X Eder, Lesley A Hall and Gert Hekma (eds.), *Sexual Cultures in Europe: Themes in Sexuality*, (Manchester, 1999), 213-232.
- Fisher, Kate 'The delivery of birth control advice, in South Wales between the Wars,' in Joanna Bornat, Robert Perks, Paul Thompson and Jan Walmsley (eds.), *Oral History, Health and Welfare* (London, 2000), 249-69.

- Fisher, Kate 'Clearing up Misconceptions: The Campaign to set up birth control clinics in South Wales between the wars,' *Welsh History Review*, 18, 1, 1999, 103-129.
- Fisher, Kate & Szreter, Simon "“They Prefer Withdrawal”: The Choice of BC in Britain, 1918-1950,' *Journal of Interdisciplinary History*, 34, 2, Autumn 2003, 263-291.
- Fisher, Kate *Birth Control, Sex and Marriage in Britain 1918-1960* (Oxford, 2006)
- Fox, Daniel M *Health Policies, Health Politics: The British and American Experience, 1911-1965* (Princeton, 1986)
- Fox, Enid 'Powers of Life and Death: Aspects of Maternal Welfare in England and Wales between the wars,' *Medical History*, 1991, 35, 328-352.
- Franks, Angela *Margaret Sanger's Eugenic Legacy: The Control of Female Fertility* (Jefferson, NC, 2005)
- Fraser, Derek *The Evolution of the British Welfare State* (Basingstoke, 2003)
- Fredrickson, George M 'Giving a Comparative Dimension to American History: Problems and Opportunities,' *Journal of Interdisciplinary History*, 16, 1, Summer 1985, 107-110.
- Fredrickson, George M 'From Exceptionalism to Variability: Recent Developments in Cross-National Comparative History,' *The Journal of American History*, 82, 2, Sept 1995, 587-604.
- Freeden, Michael 'Eugenics and Progressive Thought: A Study in Ideological Affinity,' *The Historical Journal*, 22, 3, 1979, 645-671.

- Fryer, Peter *The Birth Controllers* (London, 1965)
- Gabaccia, Donna *From the Other Side: Women, Gender, and Immigration in the US, 1820-1990* (Bloomington, 1994)
- Gamm, Gerald & Putnam, Robert D 'The Growth of Voluntary Associations in America, 1840-1940,' *Journal of Interdisciplinary History*, 29, 4, Spring 1999, 511-557.
- Gamson, Joshua 'Rubber Wars: Struggles over the Condom in the United States,' *Journal of the History of Sexuality*, 1, 2, 1990, 262-282.
- Gente, Magali 'The expansion of the nuclear family unit in Great Britain between 1910 and 1920,' *The History of the Family*, 6, 2001, 125-142.
- Geppert, Alexander CT 'Divine Sex, Happy Marriage, Regenerated Nation: Marie Stopes' Marital Manual *Married Love* and the Making of a Bestseller, 1918-1955,' *Journal of History of Sexuality*, 1998, 8, 3, 389-433.
- Giles, Judy 'A Home of One's Own: Women and Domesticity in England, 1918-1950,' *Women's Studies International Forum*, 16, 3, 1993, 239-253.
- Giles, Judy *Women, Identity and Private Life in Britain 1900-50* (Basingstoke, 1995)
- Gillis, John R 'Gender & Fertility Decline among the British Middle Classes,' in John R Gillis, Louise A Tilly & David Levine (eds.) *The European Experience of Declining Fertility: The Quiet Revolution* (Oxford, 1992), 31-47.
- Gittins, Diana 'Married Life and Birth Control between the wars,' *Oral History*, 3, 2, 1975, 53-64.

- Gittins, Diana 'Women's Work and Family Size between the Wars,' *Oral History*, 5, 2, 1977, 84-100
- Gittins, Diana *Fair Sex: Family Size and Structure, 1900-39* (London, 1982)
- Glucksmann, Miriam *Women Assemble: Women Workers and the new industries in interwar Britain* (London, 1990)
- Goodwin, Joanne L "“Employable Mothers” and “Suitable Work”: A Re-evaluation of Welfare and Wage-Earning for Women in the Twentieth Century United States,' *Journal of Social History*, 29, 2, 1995, 253-274.
- Goodwin, Joanne L *Gender and the Politics of Welfare Reform: Mothers' Pensions in Chicago, 1911-1929* (Chicago, 1997)
- Gordon, Linda *Woman's Body, Woman's Body* (New York, 1976)
- Gordon, Linda 'The New Feminist Scholarship on the Welfare State,' in L Gordon (ed.) *Women, the State, and Welfare* (Madison, 1990), 9-35.
- Gordon, Linda 'Social Insurance and Public Assistance: The Influence of Gender in Welfare Thought in the US, 1890-1935,' *The American Historical Review*, 97, 1, Feb 1992, 19-54.
- Gordon, Linda 'Black and White Visions of Welfare: Women's Welfare Activism, 1890-1945,' in Vicki L Ruiz & Ellen Carol Dubois (eds.), *Unequal Sisters: A Multicultural reader in US Women's History* (New York, 1994), 157-185.
- Gordon, Linda *The Moral Property of Women: A History of Birth Control in America* (London, 2003)

- Graves, Pamela M *Labour Women: Women in British Working-Class Politics 1918-1939* (Cambridge, 1994)
- Grayzel, Susan R 'The Mothers of our Soldiers' Children: Motherhood, Immorality, and the War Baby Scandal, 1914-18,' in Claudia Nelson & Ann Sumner Holmes, *Maternal Instincts: Visions of Motherhood and Sexuality in Britain, 1875-1925* (Basingstoke, 1997), 122-140.
- Grew, Raymond 'The Comparative Weakness of American History,' *Journal of Interdisciplinary History*, 16, 1, Summer 1985, 87-101.
- Group, Thetis M & Roberts, Joan I *Nursing, Physician Control and the Medical Monopoly: Historical Perspectives on Gendered Inequality in Roles, Rights, and Range of Practice* (Bloomington, 2001)
- Gurney, Peter "“Intersex” and “Dirty Girls”: Mass-Observation and Working-Class Sexuality in England in the 1930s,' *Journal of the History of Sexuality*, 8, 2, 1997, 256-290.
- Haag, Pamela S 'In Search of “The Real Thing”: Ideologies of Love, Modern Romance, Women’s Sexual Subjectivity in the United States, 1920-1940,' *Journal of the History of Sexuality*, 1992, 2, 4, 547-577.
- Hall, Catherine 'Married Women at Home in Birmingham in the 1920s and 1930s,' *Oral History*, 5, 2, 1977, 62-83.
- Hall, Lesley A *Hidden Anxieties: Male Sexuality, 1900-1950* (Cambridge, 1991)

- Hall, Lesley A 'Uniting Science and Sensibility: Marie Stopes and the Narratives of Marriage in the 1920s,' in Angela Ingram & Daphne Patai (eds.) *Rediscovering Forgotten Radicals: British Women Workers, 1889-1939* (Chapel Hill, 1993), 118-136.
- Hall, Lesley A 'The English have hot water bottles: the morganatic marriage between sexology and medicine in Britain since William Acton,' in Roy Porter & M Teich (eds.) *Sexual Knowledge, Sexual Science: The History of Attitudes to Sexuality* (Cambridge, 1995), 350-66.
- Hall, Lesley A "'Disinterested Enthusiasm for Sexual Misconduct": The British Society for the Study of Sex Psychology, 1913-47,' *Journal of Contemporary History*, 30, 4, Oct 1995, 665-686.
- Hall, Lesley A 'I have never met the Normal Woman: Stella Browne and the politics of womanhood,' *Women's History Review*, 6, 2, 1997, 157-182.
- Hall, Lesley A 'Women, Feminism and Eugenics,' in Robert A Peel (ed.), *Essays in the History of Eugenics* (London, 1998), 36-51.
- Hall, Lesley A 'Malthusian Mutations: The changing politics & moral meanings of birth control in Britain,' in Brian Dolan (ed.) *Malthus, Medicine, & Morality: Malthusianism after 1798* (Amsterdam, 2000), 141-163.
- Hall, Lesley A 'A Suitable job for a Woman: Women Doctors and BC to the Inception of the NHS,' in Lawrence Conrad & Anne Hardy (eds.), *Women and Modern Medicine* (Amsterdam, 2001), 127-147.
- Hall, Ruth (ed.) *Dear Dr Stopes: Sex in the 1920s* (London, 1978)

- Haney, Lynne A 'Engendering the Welfare State: A Review Article,' *Comparative Studies in Society and History*, 40, 4, Oct 1998, 748-767.
- Hardy, Anne *Health and Medicine in Britain since 1860* (Basingstoke, 2001)
- Harris, Jose 'Society and the State in twentieth-century Britain,' in FL Thompson (ed.) *The Cambridge Social History of Britain 1750-1950: Volume 3: Social agencies and institutions* (Cambridge, 1990), 63-118.
- Harris, Jose *Private Lives, Public Spirit: A Social History of Britain, 1870-1914* (Oxford, 1993)
- Hart, Jamie 'Who Should have the Children? Discussions of Birth Control among African-Americans Intellectuals, 1920-1939,' *Journal of Negro History*, 79, 1, Winter 1994, 71-84.
- Hoffman, Steven J 'Progressive Public Health Administration in the Jim Crow South: A Case Study of Richmond, Virginia, 1907-1920,' *Journal of Social History*, 35, 1, 2001, 175-194.
- Holden, Katherine "'Nature takes no notice of Morality": singleness and *Married Love* in interwar Britain,' *Women's History Review*, 11, 3, 2002, 481-503.
- Holtzman, Ellen 'The Pursuit of Married Love: Women's Sexuality and Marriage in Great Britain, 1918-1939,' *Journal of Social History*, 16, 1982, 29-52.
- Holz, Rose 'Whose Business Is It Anyway: Commercial Contraceptive Clinics and the American Birth Control League in the 1930s,' Paper presented May 21 2000 at American Association of the History of Medicine Held in Bethesda, Maryland.

- Holz, Rose 'Nurse Gordon on Trial: Those Early Days of the Birth Control Clinic Movement Reconsidered,' *Journal of Social History*, 39, 1, 2005, 112-140.
- Hopkins, Eric *The Rise and Decline of the English Working-Classes 1918-1990: A Social History* (London, 1991)
- Horowitz, Helen Lefkowitz 'Victoria Woodhull, Anthony Comstock, and Conflict over Sex in the United States,' *The Journal of American History*, 87, 2, Sept 2000, 404-434.
- Humphries, Jane 'Class Struggle and the persistence of the working-class family,' *Cambridge Journal of Economics*, 1977, 1, 241-258.
- Jackson, Mark "'Grown-Up Children": Understandings of Health and Mental Deficiency in Edwardian England,' in Marijke Gijswijt-Hofstra & Hilary Marland (eds.) *Cultures of Child Health in Britain and the Netherlands in the Twentieth Century* (Amsterdam, 2003), 149-68.
- Jensen, Joan 'The Evolution of Margaret Sanger's *Family Limitation* Pamphlet 1914-1921,' *Signs*, 1981, 6, 3, 548-567.
- Joffe, Carol 'Portraits of Three "Physicians of Conscience": Abortion before Legalization in the United States,' in John C Fout & Maura Shaw Tantillo (eds.) *American Sexual Politics: Sex, Gender and Race since the Civil War* (Chicago, 1993), 267-288.
- Joffe, Carol *Doctors of Conscience: The Struggle to Provide Abortion Before and After Roe v. Wade*, (Boston, 1995)
- Johnson, Paul *Saving and Spending: The Working-Class Economy in Britain 1870-1939* (Oxford, 1985)

- Jones, Emma 'On behalf of my wife': Men and Abortion in England, 1918-1939,' Paper given at the Rethinking Britain Conference, 1918-1959, IHR, 18-19th March 2004.
- Jones, Greta 'Eugenics and Social Policy between the Wars,' *The Historical Journal*, 25, 3, Sept 1982, 717-728.
- Jones, Greta *Social Hygiene in Twentieth Century Britain* (London, 1986)
- Jones, Greta 'Marie Stopes in Ireland – The Mother's Clinic in Belfast, 1936-47,' *Social History of Medicine*, 5, 2, August 1992, 255-278.
- Jones, Greta 'Women and Eugenics in Britain: the Case of Mary Scharlieb, Elizabeth Sloan Chessier, and Stella Browne,' *Annals of Science*, 51, 1995, 481-502.
- Jones, Helen *Health and Society in Twentieth Century Britain* (London, 1994)
- Katz, Michael B *Improving Poor People: The Welfare State, the 'Underclass', and Urban Schools as History* (Princeton, 1995)
- Kennedy, David *Birth Control in America: The Career of Margaret Sanger* (New Haven, 1970)
- Kessler-Harris, Alice *Out to Work: A History of Wage-Earning Women in the United States* (Oxford, 1982)
- Kevles, Daniel J *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (New York, 1985)
- Kevles, Daniel J 'Eugenics in North America,' in Robert A Peel (ed.), *Essays in the History of Eugenics: Proceedings of a Conference organised by the Galton Institute, London, 1997*, (London, 1998), 208-226.
- King, Desmond *In the Name of Liberalism: Illiberal Social Policy in the USA and Britain* (Oxford,

- 1999)
- King, Desmond & Hansen, Randall 'Experts at Work: State Autonomy, Social Learning and Eugenic Sterilization in 1930s Britain,' *British Journal of Political Science*, 29, 1999, 77-107.
- King, Miriam & Ruggles, Steven 'American Immigration, Fertility, and Race Suicide at the Turn of the Century,' *Journal of Interdisciplinary History*, 20, 3, Winter 1990, 347-369.
- Klausen, Susanne "'For the Sake of the Race": Eugenic Discourses of Feeble-mindedness and Motherhood in the South African Medical Record, 1903-1926,' *Journal of Southern African Studies*, 23, 1, March 1997, 27-50.
- Klausen, Susanne 'The Imperial Mother of Birth Control: Marie Stopes and the South African Birth Control Movement, 1930-1950,' in Gregory Blue, Martin Bunton and Ralph Crozier (eds.), *Colonialism and the Modern World* (London, 2002), 182-99.
- Klausen, Susanne M *Race, Maternity, and the Politics of Birth Control in South Africa, 1910-39* (Basingstoke, 2004)
- Kline, Wendy *Building a Better Race: Gender, Sexuality and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley, 2001)
- Knight, Patricia 'Women and Abortion in Victorian and Edwardian England,' *History Workshop Journal*, Autumn 1977, 4, 56-69.
- Koven, Seth & Michel, Sonya 'Womanly Duties: Maternalist Politics and the Origins of the Welfare States in France, Germany, Great Britain, and the United States, 1880-1920,' *American Historical Review*, 95, 4, October 1990, 1076-1108.
- Ladd-Taylor, Molly *Raising a Baby the Government Way: Mothers' Letters to the Children's Bureau 1915-1932* (New Brunswick, 1986)

- Ladd-Taylor, Molly "“Why does Congress wish women and children to die?”: the rise and fall of public maternal and infant health care in the United States, 1921-1929,' in Valerie Fildes, Lara Marks and Hilary Marland, *Women and Children First: International Maternal and Infant Welfare, 1870-1945* (London, 1992), 121-132.
- Ladd-Taylor, Molly "“My Work Came Out of Agony and Grief”: Mothers and the Making of the Sheppard-Towner Act,' in Seth Koven & Sonya Michel (eds.) *Mothers of a New World: Maternalist Politics and the Origins of Welfare States* (New York, 1993), 321-342.
- Ladd-Taylor, Molly *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Urbana, 1994)
- Ladd-Taylor, Molly 'Saving Babies and Sterilizing Mothers: Eugenics and Welfare Politics in the Interwar United States,' *Social Politics*, Spring 1997, 136-153.
- Ladd-Taylor, Molly 'Eugenics, Sterilisation and Modern Marriage in the USA: The Strange Career of Paul Popenoe,' *Gender and History*, 13, 2, August 2001, 298-327.
- Laipson, Peter "“Kiss without shame, for she desires it”: sexual foreplay in American marital advice literature, 1900-1925,' *Journal of Social History*, 29, 3, 1996, 507-525.
- Lane, Joan *A Social History of Medicine: Health, healing and disease in England, 1750-1950* (London, 2001)
- Larson, Edward J "“In the Finest, Most Womanly Way”: Women in the Southern Eugenics Movement,' *The American Journal of Legal History*, 39, 2, April 1995, 119-147.

- Larson, Edward J *Sex, Race and Science: Eugenics in the Deep South* (Baltimore, 1995)
- Lawrence, Christopher *Medicine in the Making of Modern Britain 1700-1920* (London, 1994)
- Leathard, Audrey *The Fight for Family Planning: The Development of Family Planning Services in Britain 1921-74* (London, 1980)
- Leavitt, Judith Walzer ‘“Science” Enters the Birthing Room: Obstetrics in America since the Eighteenth Century,’ *The Journal of American History*, 70, 2, Sept 1983, 281-304.
- Ledbetter, Rosanna *A History of the Malthusian League 1877-1927* (Columbus, 1976)
- Leiby, James *A History of Social Welfare and Social Work in the United States*, (New York, 1978)
- Lemons, J Stanley ‘The Sheppard-Towner Act: Progressivism in the 1920s,’ *The Journal of American History*, 55, 4, March 1969, 776-786.
- Leung, Marianne ‘Better Babies: Birth Control in Arkansas during the 1930s,’ in Virginia Bernhard et al (eds.), *Hidden Histories of Women in the New South* (Columbia, 1994), 52-68.
- Leung, Marianne ‘Making the Radical Respectable: Little Rock Clubwomen and the Cause of Birth Control during the 1930s,’ *The Arkansas Historical Quarterly*, 57, 1, 1995, 17-32.
- Lewis, Jane *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939* (London, 1980)
- Lewis, Jane ‘The Working-Class Wife and Mother and State Intervention, 1870-1918,’ in Jane Lewis (ed.), *Labour and Love: Women’s Experience of Home and Family 1850-1940* (Oxford, 1986), 99-122.

- Lewis, Jane "“Motherhood Issues” in the late 19th and 20th centuries,’ in Katherine Arnup, Andrée Levesque, & Ruth Roach Pierson (eds.), *Delivering Motherhood: Maternal Ideologies and Practices in the late 19th and 20th centuries* (London, 1990), 1-19.
- Lewis, Jane ‘Public Institution and Private Relationship: Marriage and Marriage Guidance, 1920-1968,’ *Twentieth Century British History*, 1, 3, 1990, 233-263.
- Lewis, Jane ‘Models of equality for women: the case of state support for children in 20th century Britain,’ in Gisela Bock & Pat Thane (eds.) *Maternity & Gender Policies: Women and the rise of the European Welfare States, 1880s-1950s* (London, 1991), 73-92.
- Lewis, Jane ‘Gender, the family and women’s agency in the building of ‘welfare states: the British case,’ *Social History*, 19, 1, January 1994, 37-55.
- Lewis, Jane *The Voluntary Sector, the State and Social Work in Britain: The Charity Organisation Society/Family Welfare Association since 1869* (Aldershot, 1995)
- Lewis, Jane ‘Women, social work and social welfare in twentieth-century Britain: from (unpaid) influence to (paid) oblivion?’ in Martin Daunt (ed.) *Charity, Self-interest and welfare in the English past* (London, 1996), 203-33.
- Lewis, Jane ‘Gender and welfare in the late nineteenth and early twentieth centuries,’ in Anne Digby & John Stewart (eds.) *Gender, Health and Welfare* (London, 1996), 208-228.

- Lindemeyer, Kriste 'Expanding Birth Control to the Hinterland: Cincinnati's First Contraceptive Clinic as a Case Study, 1929-1931,' *Mid America*, 77, 2, Spring/Summer 1995, 145-173.
- Lindemeyer, Kriste '*A Right to Childhood: The US Children's Bureau and Child Welfare, 1912-46* (Urbana, 1997)
- Litt, Jacquelyn S *Medicalized Motherhood: Perspectives from the Lives of African American and Jewish Women* (New Brunswick, 2000)
- Loudon, Irvine 'On Maternal & Infant Mortality, 1900-1960,' *Social History of Medicine*, 4, 1, April 1991, 29-73.
- Loudon, Irvine *Death in Childbirth: An International Study of Maternal Care and Mortality 1800-1950* (Oxford, 1992)
- Loudon, Irvine 'Childbirth', in Irvine Loudon (ed.) *Western Medicine: An Illustrated History* (Oxford, 1997), 206-220.
- Loudon, Irvine 'Midwives and the Quality of Maternal Care,' in Hilary Marland & Anne Marie Rafferty (eds.), *Midwives, Society and Childbirth: Debates and Controversies in the Modern Period* (London, 1997), 180-200.
- Luker, Kristin *Abortion and the Politics of Motherhood* (Berkeley, 1984)
- Lusk, Brigid & Robertson, Julie Fisher 'US Organized Medicine's Perspective of Nursing: Review of the *Journal of the American Medical Association*, 1883-1935,' in Susan McGann & Barbara Mortimer (eds.), *New Directions in Nursing History: International Perspectives* (New York, 2004), 86-108.

- Mackinnon, Alison 'Were Women Present at the Demographic Transition? Questions from a Feminist Historian to Historical Demographers,' *Gender and History*, 7, 2, August 1995, 222-240.
- Macnicol, John *The Movement for Family Allowances, 1918-45: A Study in Social Policy Development* (London, 1980)
- Macnicol, John 'Eugenics and the Campaign for Voluntary Sterilisation in Britain Between the Wars,' *Social History of Medicine*, 2, 2, 1989, 147-169.
- Macnicol, John 'The Voluntary Sterilization Campaign in Britain, 1918-1939,' *Journal of the History of Sexuality*, 2, 3, 1992, 422-438.
- Macnicol, John 'Welfare, Wages and the Family: Child endowment in comparative perspective, 1900-50,' in Roger Cooter (ed.), *In the Name of the Child: Health and Welfare, 1880-1940* (New York, 1992), 244-275.
- Marks, Lara 'Medical Care for Pauper Mothers and Their Infants: Poor Law Provision and Local Demand in East London, 1870-1929,' *The Economic History Review*, 46, 3, August 1993, 518-542.
- Marks, Lara V *Model Mothers: Jewish Mothers and Maternity Provision in East London, 1870-1939* (Oxford, 1994)
- Marks, Lara V *Metropolitan Maternity: Maternal and Infant Welfare Services in Early 20th Century London* (Amsterdam, 1996)
- Mazumdar, Pauline MH *Eugenics, Human Genetics and Human Failings: The Eugenics Society, its sources and its critics in Britain* (London, 1992)
- McCann, Carole R *Birth Control Politics in the United States, 1916-1945* (Ithaca, 1994)

- McGovern, James R 'The American Woman's Pre-World War I Freedom in Manners & Morals,' *The Journal of American History*, 55, 2, Sept 1968, 315-333.
- McIntosh, Tania 'Profession, Skill, or Domestic Duty? Midwifery in Sheffield, 1881-1936,' *Social History of Medicine*, 11, 3, 1998, 403-420.
- McIntosh, Tania 'Maternal Mortality, Abortion and Birth Control in Sheffield, 1920-1940,' *Medical History*, 44, 2000, 75-96.
- McKeown, Elizabeth 'Claiming the Poor,' in Donald T Critchlow and Charles H Parker (eds.) *With Us Always: A History of Private Charity and Public Welfare* (Oxford, 1998), 145-160.
- McKibbin, Ross *Classes and Cultures: England 1918-1951* (Oxford, 1998)
- McLaren, Angus 'Abortion in England, 1890-1914,' *Victorian Studies*, 20, 4, Summer 1977, 379-400.
- McLaren, Angus *Birth Control in Nineteenth-Century England* (New York, 1978)
- McLaren, Angus *A History of Contraception: From Antiquity to the Present Day* (Oxford, 1990)
- McLaren, Angus "'Keep Your Seats and Face Facts": Western Canadian Women's Discussion of Birth Control in the 1920s,' *Canadian Bulletin of Medical History*, 1991, 8, 189-201.
- McLaren, Angus 'The Sexual Politics of Reproduction in Britain,' in John R Gillis, Louise A Tilly & David Levine (eds.) *The European Experience of Declining Fertility: The Quiet Revolution* (Oxford, 1992), 85-100.

- McLaren, Angus 'Illegal Operations: Women, Doctors and Abortion, 1886-1939,' *Journal of Social History*, 26, 4, Summer 1993, 797-816.
- McLaren, Angus *Twentieth Century Sexuality: A History* (Oxford, 1999)
- Meckel, Richard A *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality 1850-1929* (Baltimore, 1990)
- Melcher, Mary 'Woman's Matters: Birth Control, Prenatal care, and childbirth in Rural Montana, 1910-1940,' *Montana, The Magazine of Western History*, Spring 1991, 47-56.
- Meyer, Jimmy Elaine Wilkinson *Any Friend of the Movement: Networking for Birth Control 1920-1940* (Columbus, 2004)
- Michel, Sonya 'The Limits of Maternalism: Policies Toward American Wage-Earning Mothers During the Progressive Era,' in Seth Koven & Sonya Michel (eds.) *Mothers of a New World: Maternalist Politics and the Origins of Welfare States* (New York, 1993), 277-320.
- Mink, Gwendolyn *The Wages of Motherhood: Inequality in the Welfare State, 1917-1942* (Ithaca, 1995)
- Mitchell, Margaret 'The Effects on Unemployment on the Social Condition of Women and Children in the 1930s,' *History Workshop Journal*, 19, Spring 1985, 105-127.
- Morantz-Sanchez, Regina Markell *Sympathy and Science: Women Physicians in American Medicine* (Oxford, 1985)
- Morantz-Sanchez, Regina *Conduct Unbecoming a Woman: Medicine on Trial in Turn of the Century Brooklyn* (New York, 2000)

- Mohr, James *Abortion in America: The Origins and Evolution of National Policy, 1800-1900* (New York, 1979)
- More, Ellen S *Restoring the Balance: Women Physicians and the Profession of the Medicine 1850-1995* (Cambridge, MA, 1999)
- Morris, RJ 'Clubs, Societies and Associations,' in FL Thompson (ed.) *The Cambridge Social History of Britain 1750-1950: Volume 3: Social agencies and Institutions* (Cambridge, 1990), 395-445.
- Morris-Crowther, Jayne 'Municipal Housekeeping: The Political Activities of the Detroit Federation of Women's Clubs in the 1920s,' *Michigan Historical Review*, 30, 1, 2004, 31-57.
- Mort, Frank *Dangerous Sexualities: Medico-Moral Politics in England since 1830* (London, 2000)
- Moscucci, Ornella *The Science of Woman: Gynaecology and Gender in England 1800-1929* (Cambridge, 1990)
- Mottram, Joan 'State Control in Local Context: Public Health and midwife regulation in Manchester, 1900-1914,' in Hilary Marland & Anne Marie Rafferty (eds.), *Midwives, Society and Childbirth: Debates and Controversies in the Modern Period* (London, 1997), 134-152.
- Muncy, Robyn *Creating a Female Dominion in American Reform, 1890-1935* (New York, 1994)
- Murphy, John M "'To Create a Race of Thoroughbreds": Margaret Sanger and *The Birth Control Review*', *Women's Studies in Communication*, 13, 1990, 23-45.

- Nathanson, Constance A 'Disease prevention as social change: toward a theory of public health,' *Population and Development Review*, 22, 4, 1996, 609-37.
- Neuhaus, Jessamyn 'The Importance of Being Orgasmic: Sexuality, Gender, and Marital Sex Manuals in the United States, 1920-1963,' *Journal of the History of Sexuality*, 9, 4, October 2000, 447-473.
- Neushul, Peter 'Marie C. Stopes and the Popularisation of Birth Control Technology,' *Technology and Culture*, 39, 2, April 1998, 245-272.
- Nicoll, Christine E & Weisbord, Robert G 'The Early Years of the Rhode Island Birth Control League,' *Rhode Island History*, November 1986, 45, 111-125.
- Noble, Charles *Welfare as We Knew It: A Political History of the American Welfare State* (New York, 1997)
- Noll, Steven "A Far Greater Menace": Feeble-minded Females in the South, 1900-1940,' in Virginia Bernhard, Betty Brandon, Elizabeth Fox-Genovese, Theda Purdue & Elizabeth Turner (eds.) *Hidden Histories of Women in the New South* (Columbia, 1994), 31-51.
- Noll, Steven *Feeble-Minded in Our Midst: Institutions for the Mentally Retarded in the South, 1900-1940* (Chapel Hill, 1995)
- Numbers, Ronald L 'Physicians, Community, and the Qualified Ascent of the American Medical Profession,' in John Harley Warner & Janet A Tighe (eds.) *Major Problems in the History of American Medicine and Public Health* (Boston, 2001), 298-303.

- Nye, Robert 'The Rise and Fall of the Eugenics Empire: Recent Perspectives on the Impact of Biomedical Thought in Modern Society,' *The Historical Journal*, 36, 3, Sept 1993, 687-700.
- O'Connor, Alice *Poverty Knowledge: Social Science, Social Policy, and the Poor in Twentieth-Century US History* (Princeton, 2000)
- Oakley, Ann *The Captured Womb: A History of the Medical Care of Pregnant Women* (Oxford, 1984)
- Oakley, Ann 'Eugenics, social medicine & the career of Richard Titmuss in Britain, 1935-50,' *British Journal of Sociology*, 24, 1991, 165-94.
- Orloff, Ann 'Gender in the Welfare State,' *Annual Review of Sociology*, 22, 1996, 51-78.
- Paul, Diane 'Eugenics and the Left,' *Journal of the History of Ideas*, 45, 4, Oct-Dec 1984, 567-590.
- Pedersen, Susan 'Gender, Welfare and Citizenship in Britain during the Great War,' *The American Historical Review*, 95, 4, October 1990, 983-1006.
- Pedersen, Susan *Family, Dependence and the Origins of the Welfare State: Britain and France 1914-1945* (Cambridge, 1993)
- Pedersen, Susan *Eleanor Rathbone and the Politics of Conscience* (New Haven, 2004)
- Peretz, Elizabeth 'The Costs of Modern Motherhood to Low Income Families in Interwar Britain,' in Valerie Fildes, Lara Marks & Hilary Marland (eds.) *Women and Children First: International Maternal and Infant Welfare 1870-1945* (London, 1992), 257-80.

- Poirier, Suzanne 'Women's Reproductive Health,' in Rima D Apple (ed.), *Women, Health, and Medicine in America: A Historical Handbook* (New Brunswick, New Jersey, 1990), 217-245.
- Porter, Dorothy *Health, Civilization and the State: A history of public health from ancient to modern times* (London, Routledge, 1999)
- Porter, Roy & Hall, Lesley *The Facts of Life: The Creation of Sexual Knowledge in Britain, 1650-1950* (London, 1995)
- Ramsden, Edmund 'Social Demography & Eugenics in the Interwar United States,' *Population & Development Review*, 29, 4, Dec 2003, 547-593.
- Ray, Joyce M & Gosling, FG 'American Physicians and Birth Control,' *Journal of Social History*, 18, 1984-5, 399-411.
- Reagan, Leslie J "'About to Meet Her Maker": The State's Investigation of Abortion in Chicago, 1867-1940,' *Journal of American History*, 77, March 1991, 1240-64.
- Reagan, Leslie J *When Abortion was a Crime: Women, Medicine, and the Law in the United States, 1867-1973* (Berkeley, 1997)
- Reed, James *From Private Vice to Public Virtue: The Birth Control Movement and American Society since 1830* (New York, 1978)
- Reed, James 'Public Policy on Human Reproduction and the Historian,' *Journal of Social History*, 18, 3, Spring 1985, 383-398.
- Reed, James 'History of Contraceptive Practices,' in Stuart F Spicker, William B Bondeson, & H Tristram Engelhardt Jr. (eds.) *The Contraceptive Ethos: Reproductive Rights*

- and Responsibilities* (Boston, 1987), 16-35.
- Reed, James W. 'The Birth Control Movement Before Roe v. Wade,' in Donald T. Critchlow, *The Politics of Abortion and Birth Control in Historical Perspective* (University Park, Pennsylvania, 2001) 22-51.
- Reilly, Philip R. 'Involuntary Sterilization in the United States,' *The Quarterly Review of Biology*, 62, 2, June 1987, 153-170.
- Reilly, Philip R. *The Surgical Solution: A History of Involuntary Sterilization in the United States* (Baltimore, 1991)
- Rich, Paul 'The Long Victorian Sunset: Anthropology, Eugenics and Race in Britain, c1900-48,' *Patterns of Prejudice*, 18, 3, 1984, 3-17.
- Robb, George 'Race Motherhood: Moral Eugenics vs. Progressive Eugenics, 1880-1920,' in Claudia Nelson and Ann Sumner Holmes, *Maternal Instincts: Visions of Motherhood and Sexuality in Britain, 1875-1925* (Basingstoke, 1997), 58-74.
- Roberts, Elizabeth *A Woman's place: an oral history of working class women 1890-1940* (Oxford, 1984)
- Roberts, Elizabeth 'The Recipients' View of Welfare,' in Joanna Bornat, Robert Perks, Paul Thompson & Jan Walmsley (eds.) *Oral History, Health and Welfare* (London, 2000), 203-226.
- Rodgers, Daniel T. *Atlantic Crossings: Social Politics in a Progressive Age* (Cambridge, MA, 1998)

- Rodrique, Jessie M 'The Black Community and the Birth Control Movement,' in Kathy Peiss and Christina Simmons (eds.), *Passion and Power: Sexuality in History* (Philadelphia, 1997) 138-154.
- Rose, Elizabeth *A Mother's Job: The History of Day Care, 1890-1960* (New York, 1999)
- Rose, June *Marie Stopes and the Sexual Revolution* (London, 1992)
- Rosen, Christine *Preaching Eugenics: Religious Leaders and the American Eugenics Movement* (Oxford, 2004)
- Rosen, Robyn L 'Federal Expansion, Fertility Control, and Physicians in the United States: The Politics of Maternal Welfare in the Interwar Years,' *Journal of Women's History*, 10, 3, Autumn 1998, 53-73.
- Rosen, Robyn L *Reproductive Health, Reproductive Rights: Reformers and the Politics of Maternal Welfare, 1917-1940* (Columbus, 2003)
- Ross, Ellen 'Fierce questions and taunts': Married Life in Working-Class London, 1870-1914,' *Feminist Studies*, 8, 3, Fall 1982, 575-602.
- Ross, Ellen 'Survival Networks: Women's Neighbourhood Sharing in London Before World War I,' *History Workshop Journal*, 15, Spring 1983, 4-27.
- Ross, Ellen 'Mothers and the State in Britain, 1904-1914', in John R Gillis, Louise A Tilly & David Levine (eds.) *The European Experience of Declining Fertility: The Quiet Revolution* (Oxford, 1992), 48-65.
- Ross, Ellen *Love and Toil: Motherhood in Outcast London 1870-1918* (New York, 1993)

- Ross, Loretta J 'African-American Women and Abortion: A Neglected History,' *Journal of Health Care for the Poor and Undeserved*, 3, 2, Fall 1992, 274-84.
- Rowbotham, Sheila *A New World for Women: Stella Browne – Socialist Feminist* (London, 1977)
- Ruggles, Steven 'The Transformation of American Family Structure,' *The American Historical Review*, 99, 1, Feb 1994, 103-128.
- Santow, Gigi 'Coitus Interruptus in the Twentieth Century,' *Population and Development Review*, 19, 4, December 1993, 767-92.
- Santow, Gigi 'Coitus Interruptus and the Control of Natural Fertility,' *Population Studies*, 49, 1995, 19-43.
- Sarch, Amy 'Those Dirty Ads! Birth Control Advertising in the 1920s and 1930s', *Critical Studies in Mass Communication*, 14, 1, 1997, 31-48.
- Sauer, R 'Attitudes to Abortion in America, 1800-1973,' *Population Studies*, 28, 1, 53-67.
- Scharf, Lois *To Work and To Wed: Female Employment, Feminism and the Great Depression* (Westport, CT, 1980)
- Schoen, Johanna 'Fighting for child health: race, birth control, and the State in the Jim Crow South,' *Social Politics*, Spring 1997, 4, 90-113.
- Scott, Anne Firor 'After Suffrage: Southern Women in the Twenties,' *The Journal of Southern History*, 30, 3, August 1964, 298-318.
- Scott, Anne Firor 'Most Invisible of All: Black Women's Voluntary Associations,' *The Journal of Southern History*, 56, 1, Feb 1990, 3-22.

- Scott, Anne Firor *Natural Allies: Women's Associations in American History* (Urbana, 1991)
- Scott, Gillian 'A "Trade Union for Married Women": The Women's Co-operative Guild 1914-1920,' in Sybil Oldfield (ed.) *This Working-Day World: Women's Lives and Culture(s) in Britain, 1914-1945* (London, 1994), 18-28.
- Scott, Gillian *Feminism and the Politics of Working Women: The Women's Co-operative Guild, 1880s to the Second World War* (London, 1998)
- Searle, GR 'Eugenics and Politics in Britain in the 1930s,' *Annals of Science*, 36, 1979, 159-169.
- Searle, GR 'Eugenics and Class,' in Charles Webster (ed.) *Biology, Medicine and Society 1840-1940* (Cambridge, 1981), 217-42.
- Secombe, Wally 'Starting to Stop: Working-Class Fertility Decline in Britain,' *Past and Present*, 126, Feb 1990, 151-188.
- Secombe, Wally 'Men's "Marital Rights" and Women's "Wifely Duties": Changing Conjugal Relations in the Fertility Decline,' in John R Gillis, Louise A Tilly & David Levine (eds.) *The European Experience of Declining Fertility: The Quiet Revolution* (Oxford, 1992), 66-84.
- Sherman, Richard B '"The Last Stand": The Fight for Racial Integrity in Virginia in the 1920s,' *The Journal of Southern History*, 54, 1, Feb 1988, 69-92.
- Shorter, Edward 'Female Emancipation, Birth Control, and Fertility in European History,' *The American Historical Review*, 78, 3, June 1973, 605-640.

- Shorter, Edward *A History of Women's Bodies* (Harmondsworth, 1982)
- Simmons, Christina 'African Americans and Sexual Victorianism in the Social Hygiene Movement, 1910-40,' *Journal of the History of Sexuality*, 4, 1, 1993, 51-75.
- Simms, Madeleine 'Gynaecologists, contraception and abortion – from Birkett to Lane,' *World Medicine*, October 23, 1974, 49-59.
- Singleton, Jeff *The American Dole: Unemployment Relief and the Welfare State in the Great Depression* (Westport, CT, 2000)
- Sklar, Kathryn Kish 'The Historical Foundations of Women's Power in the Creation of the American Welfare State, 1830-1930,' in Seth Koven & Sonya Michel (eds.) *Mothers of a New World: Maternalist Politics and the Origins of Welfare States* (New York, 1993), 43-93.
- Skocpol, Theda & Somers, Margaret 'The Uses of Comparative History in Macrosocial Inquiry,' *Comparative Studies in Society and History*, 22, 2, April 1980, 174-197.
- Skocpol, Theda *Protecting Mothers & Soldiers: The Political Origins of Social Policy in the United States*, (Cambridge, MA, 1992)
- Skocpol, Theda Abend-Wein, Marjorie, Howard, Christopher & Lehmann, Susan Goodrich 'Women's Associations and the Enactment of Mothers' Pensions in the United States,' *The American Political Science Review*, 87, 3, Sept 1993, 686-701.
- Skocpol, Theda and Ritter, Gretchen 'Gender and the Origins of Modern Social Policies in Britain and the United States,' in Theda Skocpol, *Social Policy in the United States: Future Possibilities in Historical Perspective* (Princeton, 1995),

72-135.

- Skocpol, Theda, Ganz, Marshall & Munson, Ziad 'A Nation of Organizers: The Institutional Origins of Civic Voluntarism in the United States,' *The American Political Science Review*, 94, 3, Sept 2000, 527-546.
- Smith-Rosenberg, Carroll *Disorderly Conduct: Visions of Gender in Victorian America* (New York, 1985)
- Smith, Susan L *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia, 1995)
- Solinger, Rickie 'Extreme Danger: Women Abortionists and their clients before Roe v. Wade,' in Joanne Meyerowitz, (ed.) *Not June Cleaver: Women and Gender in Postwar America, 1945-1960* (Philadelphia, 1994), 335-357.
- Solinger, Rickie *Pregnancy and Power: A Short History of Reproductive Politics in America* (New York, 2005)
- Soloway, Richard A *Birth Control and the Population Question in England, 1877-1930* (Chapel Hill, 1982)
- Soloway, Richard A 'Counting the Degenerates: The Statistics of Race Deterioration in Edwardian England,' *Journal of Contemporary History*, 17, 1982, 137-164.
- Soloway, Richard A *Demography and Degeneration: Eugenics and the declining birthrate in twentieth century Britain* (Chapel Hill, 1990)
- Soloway, Richard A 'The "Perfect Contraceptive": Eugenics and Birth Control Research in Britain and America in the Interwar Years,' *Journal of Contemporary History*, 30, 1995, 637-664.
- Starr, Paul *The Social Transformation of American Medicine* (New York, 1982)

- Stedman Jones, Gareth *Outcast London: A Study in the relationship between Classes in Victorian Society* (Oxford, 1971)
- Stern, Alexandra Minna *Eugenic Nation: Faults and Frontiers of Better Breed in Modern America* (Berkeley, 2005)
- Stevens, Rosemary *American Medicine and the Public Interest: A History of Specialization* (Berkeley, 1998)
- Stivers, Camilla *Bureau Men, Settlement Women: Constructing Public Administration in the Progressive Era* (Lawrence, 2000)
- Stone, Dan *Breeding Superman: Nietzsche, Race and Eugenics in Edwardian and Interwar Britain* (Liverpool, 2002)
- Sturdy, Steve 'Alternative Publics: The development of government policy on personal health care, 1905-11,' in Steve Sturdy (ed.) *Medicine, Health and the Public Sphere in Britain, 1600-2000* (London, 2002), 241-259.
- Szreter, Simon *Fertility, Class and Gender in Britain, 1860-1940* (Cambridge, 1996)
- Tebbutt, Melanie *Women's Talk? A Social History of 'Gossip' in Working-Class Neighbourhoods 1880-1960* (Aldershot, 1995)
- Tentler, Leslie Woodcock '"God's Representative in our Midst": Toward a History of the Catholic Diocesan Clergy in the United States', *Church History*, 67, 2, June 1998, 326-349.
- Thane, Pat 'Women in the British Labour Party and the Construction of State Welfare, 1906-1939', in Seth Koven and Sonya Michel (eds.), *Mothers of a New World: Maternalist Politics and the Origins of Welfare States* (New York, 1993), 343-377.

- Thane, Pat 'The Working Class and State 'Welfare' in Britain, 1880-1914,' in David Gladstone (ed.), *Before Beveridge: Welfare before the Welfare State* (London, 1999), 86-112.
- Thelen, David 'Of Audiences, Borderlands and Comparisons: Toward the Internationalization of American History,' *Journal of American History*, 79, 2, Sept 1992, 432-462.
- Thomas, James & Williams, A Susan 'Women and Abortion in 1930s Britain: A Survey and its Data,' *Social History of Medicine*, 11, 2, August 1998, 283-309.
- Thomson, Mathew *The Problem of Mental Deficiency: Eugenics, Democracy and Social Policy in Britain c.1870-1959* (Oxford, 1998)
- Tobin-Schlesinger, Kathleen 'The Changing American City: Chicago Catholics as Outsiders in the Birth Control Movement, 1915-1935,' *US Catholic Historian*, Spring 1997, 67-85.
- Tobin, Kathleen A *The American Religious Debate over Birth Control, 1907-1937* (Jefferson, 2001)
- Tolnay, Stewart E 'The Decline of Black Marital Fertility in the Rural South: 1910-1940,' *American Sociological Review*, 52, 2, April 1987, 211-217.
- Tone, Andrea 'Contraceptive Consumers: Gender and the Political Economy of Birth Control in the 1930s,' *Journal of Social History*, Spring 1996, 485-506.
- Tone, Andrea *Controlling Reproduction: An American History* (Wilmington, 1997)
- Tone, Andrea 'Black Market Birth Control: Contraceptive Entrepreneurship and Criminality in the Gilded Age,' *Journal of American History*, Sept 2000, 435-459.
- Tone, Andrea *Devices and Desires: A History of*

- Contraceptives in America*, (New York, 2001)
- Tone, Andrea 'Making Room for Rubbers: Gender, Technology, and Birth Control before the Pill,' *History and Technology*, 18, 1, March 2002, 51-76.
- Tone, Andrea 'Violence by Design: Contraceptive Technology and the Invasion of the Female Body,' in Michael A Bellesiles (ed.) *Lethal Imagination: Violence and Brutality in American History* (New York, 1999), 373-392.
- Turner, William B 'Class, Controversy, and Contraceptives: Birth Control Advocacy in Nashville, 1932-1944,' *Tennessee Historical Quarterly*, 53, 3, 1994, 166-179.
- Unwin, Cathy & Sharland, Elaine 'From Bodies to Minds in Childcare Literature: Advice to parents in interwar Britain,' in Roger Cooter (ed.) *In the Name of the Child: Health and Welfare, 1880-1940* (New York, 1992), 174-199.
- Van den Braembussche, AA 'Historical Explanation and Comparative Method: Towards a Theory of the History of Society,' *History and Theory*, 28, 1, Feb 1989, 1-24.
- Van Horn, Susan Householder *Women, Work, and Fertility, 1900-1986* (New York, 1988)
- Vincent, David *Poor Citizens: The State and the Poor in Twentieth Century Britain* (Harlow, 1991)
- Vinikas, Vincent *Soft Soap, Hard Sell: American Hygiene in an Age of Advertisement* (Ames, 1992)
- Walkowitz, Daniel J 'The Making of a Feminine Professional Identity: Social workers in the 1920s,' *The American Historical Review*, 95, 4, Oct 1990, 1051-1075.

- Walkowitz, Daniel J *Working with Class: Social Workers and the Politics of Middle-Class Identity* (Chapel Hill, 1999)
- Ware, Susan *Holding their Own: American women in the 1930s* (Boston, 1982)
- Watkins, Susan Cotts & Danzi, Angela D 'Women's Gossip & Social Change: Childbirth and Fertility Control among Italian and Jewish Women in the United States, 1920-1940,' *Gender and Society*, 9, 4, August 1995, 469-490.
- Webster, Charles 'Healthy or Hungry Thirties?' *History Workshop Journal*, Spring 1982, 13, 110-129.
- Welshman, John *Municipal Medicine: Public Health in Twentieth Century Britain* (Oxford, 2000)
- Whiteside, Noel 'Private Provision and Public Welfare: Health Insurance Between the Wars,' in David Gladstone (ed.), *Before Beveridge: Welfare before the Welfare State* (London, 1999), 26-42.
- Wilkinson, Patrick 'The Selfless and the Helpless: Maternalist Origins of the US Welfare State,' *Feminist Studies*, 25, 3, 1999, 571-597.
- Williams, A Susan *Women and Childbirth in the Twentieth Century: A History of the National Birthday Trust Fund 1928-93* (Stroud, 1997)
- Williamson, Margaret "'Getting Off at Loftus": Sex and the Working-Class Woman, 1920-1960,' *Family & Community History*, 3, 1, May 2000, 5-17.
- Wilson, Philip K 'Harry Laughlin's eugenic crusade to control the 'socially inadequate' in Progressive Era America,' *Patterns of*

Prejudice, 36, 1, 2002, 49-67.

Winter, JM

‘The Impact of the First World War on Civilian Health in Britain,’ *The Economic History Review*, 30, 3, Aug 1977, 487-507.

Yeo, Eileen Janes

‘Social Motherhood and the Sexual Communion of Labour in British Social Science, 1850-1950,’ *Women’s History Review*, 1, 1, 1992, 63-86.

Abbreviations

ABCL	American Birth Control League
AES	American Eugenics Society
AMA	American Medical Association
BCN	<i>Birth Control News</i>
BCR	<i>The Birth Control Review</i>
BMA	British Medical Association
BMJ	<i>British Medical Journal</i>
CBC	Society for Constructive Birth Control and Racial Progress
CMAC	Marie Stopes Papers, Contemporary Medical Archives Centre, Wellcome Institute for the History and Understanding of Medicine
CMH	Committee on Maternal Health
EES	Eugenics Education Society
MRC	Maternity Research Council
MS-BL Papers	Marie Stopes Papers, British Library
MS-LC Papers	Margaret Sanger Papers, Library of Congress
MS-SSC Papers	Margaret Sanger Papers, Sophia Smith Collection
NBCA	National Birth Control Association
NBCL	National Birth Control League
VPL	Voluntary Parenthood League